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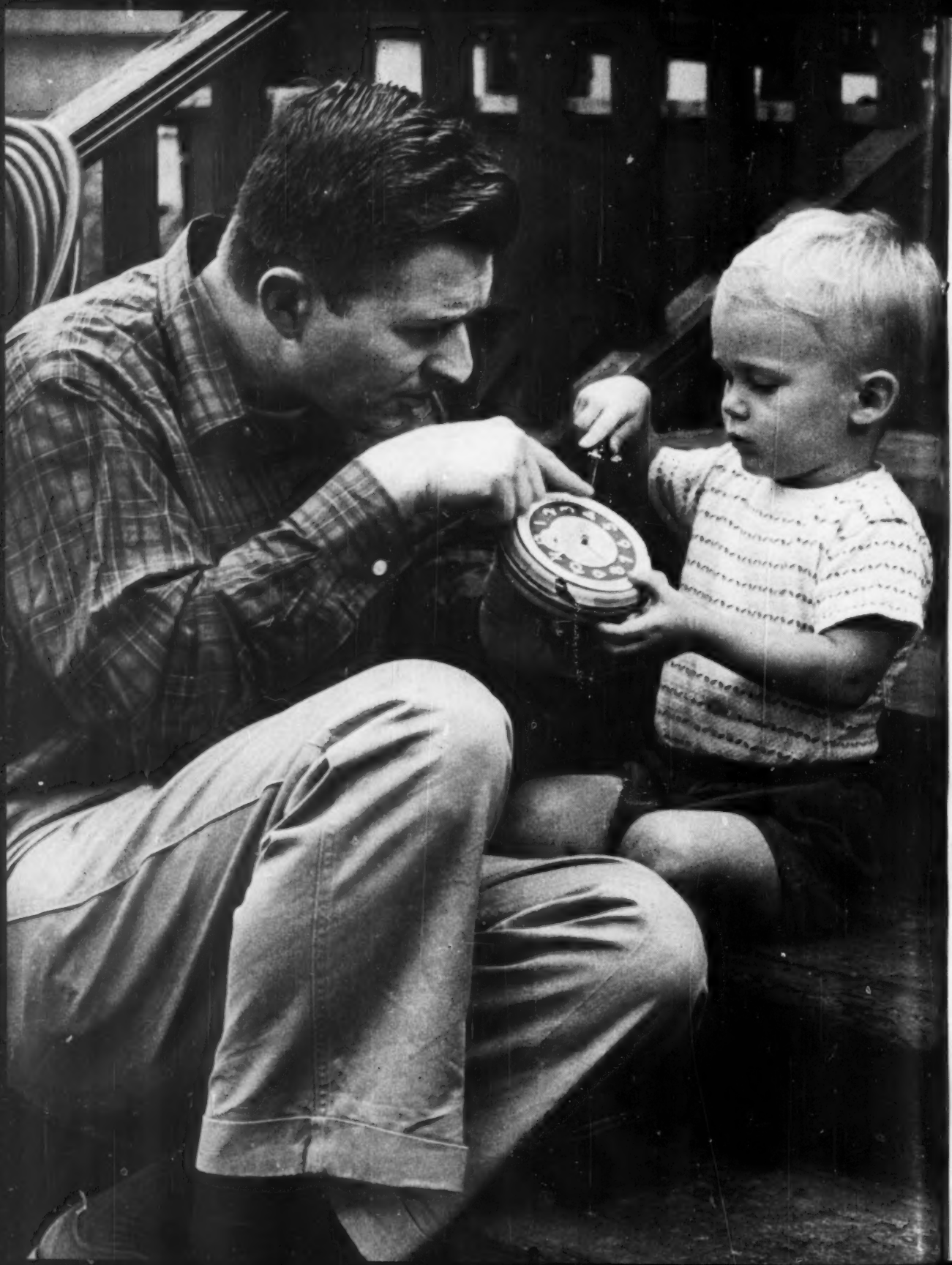

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AN INTERDISCIPLINARY JOURNAL FOR THE PROFESSIONS SERVING CHILDREN

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Father and son exploring the origins of time, and revealing in the process the quality of father-child relationship every child needs. Finding this type of relationship for children who cannot be with their own parents is one of the aims of the experiments in foster family care described in this issue.

children

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In this country, with its strong belief in the value of family life, the goal of the child welfare field has long been "a home of his own for every child." Yet today, in many parts of the country and especially in our large cities, "temporary shelters" are crowded with children who have lost their own homes temporarily or permanently and for whom no other homes are available. We need look no further than our Nation's Capital, where, as a national magazine has recently pointed out,[1] more than 900 children were sheltered in the winter of 1964 in the largest public institution in the United States for "dependent" children. Half of them were under 6 years old, and half stayed more than 3 months. Information from the institution shows that the number in care has since decreased. This is attributed to more realistic public assistance policies and better employment opportunities in the area, the establishment by the welfare department of emergency shelter apartments for mothers and children, and an increased effort to find and retain foster homes. However, nearly 700 children continue to live in crowded conditions in the shelter without any semblance of family life—at a cost of about $300 a month per child.

Washington, D.C., is not an exception. Chicago has a similar problem. In New York City at the end of 1964, about 2,000 children were awaiting placement. Some were well babies who had been in hospitals for over a year. Others were older children packed into overcrowded "temporary shelters." Children have been known to stay in such shelters as long as 3 years.[2]

In fact, discussions with foster-care agency personnel in various parts of the country indicate that in most of our great cities growing numbers of children

MEETING THE CRISIS IN FOSTER FAMILY CARE

BEATRICE L. GARRETT

are living in potentially harmful conditions awaiting placement. Others, already in temporary foster homes, are awaiting more permanent arrangements. And, while the number of children needing homes increases, foster family and adoptive homes are becoming proportionately less available. Furthermore, as the country becomes more urbanized, the problem is likely to increase throughout the Nation. A survey recently conducted by a magazine reporter indicated that efforts to provide constructive foster family care for children are already in a critical phase in at least 41 of our 50 States.[2]

Three major factors have helped to produce this appalling situation: rapid socioeconomic changes affecting the population from which foster parents must be recruited; changing characteristics of the children needing foster care, including more with appreciable emotional disturbance; and administrative problems, including the chronic shortage of staff in child welfare agencies, both professionally educated and agency trained.

Impediments to resources

Among the socioeconomic changes affecting the potentiality of many families to provide foster care are two interrelated phenomena: (1) the increasing mobility of our population; and (2) the changing nature of our great metropolitan areas, more and more crowded at their cores with unskilled newcomers from rural areas, and ever widening at their rims with new suburbs inhabited not only by the well-to-do but also by many families of skilled and semiskilled workers who are not yet adjusted to this type of community living.

In the inner city, few families except the well-to-do can afford housing with enough space to take in an extra child. In the suburbs, the new inhabitants are often isolated from the problems of the larger community and too unsettled to become participating members of their local community life,[3] let alone to open their homes to the care of someone else's child. Moreover, in many of these families both husband and wife go out to work, thus rendering the family unable to care for a foster child.

The children

The same socioeconomic changes which tend to reduce the availability of foster families tend to increase the number of children needing care. The rapid migration to the cities of rural families unprepared for city life makes for a breakdown in family life. Because large proportions of these new city dwellers are from minority groups, a large proportion of the children crowding the cities' "temporary shelters" are children from minority groups—especially Negroes, Puerto Ricans, and other Spanish-speaking Americans—children for whom foster and adoptive family resources are least available because of the lesser affluence of these population groups in general in comparison with the population as a whole.[4] In the Washington, D.C., shelter, 97 percent of the children are Negro.[1] About 70 percent of the children awaiting placement in New York City belong to minority ethnic groups.[2] In Richmond, Va., the number of Negro children in foster care increased 164 percent in the 8 years ending July 1, 1964, as compared with a 60-percent increase in white children in foster care.[5]

Agencies have repeatedly noted the greater prevalence and degree of emotional disturbance today

than in the past among children who are brought to them for foster care. This can be attributed, at least in part, to the fact that many relatively stable families which in the past might have been broken because of economic need alone are today able to remain intact because of their own participation in the country's general economic prosperity or because of Federal, State, and local income maintenance programs. Thus, the children who do need foster care today are more likely to be those whose separation from their parents is directly attributable to parental instability.

Before they have come to the community's attention, many of these children have already had damaging experiences in their own homes. Some have been severely neglected or have been abused. Therefore, they have learned to defend themselves against adults, to be suspicious, and not to trust themselves, or their affection, to others. Such a defensive pattern on the part of a child makes it difficult for a foster parent to learn to love him and to live with him 24 hours a day.

Many of these children need only temporary foster family care, or the kind of temporary group care which can provide a semblance of family life, until they can be returned home. Others can never be returned to their own families, including some who need only temporary foster care until they can be placed for adoption. But a large and increasing number, because of special circumstances—their age, a physical or mental handicap, an emotional problem, or simply their race—face the bleak reality of long-time "temporary" care unless unusual efforts are made to find them permanent homes. Tragically, this group includes children who might once have been returned home, or who might never have had to leave home, if appropriate casework help, financial assistance, and other services had been available to their parents earlier. It also includes children who might once have been placed for adoption but now are too old or too emotionally damaged for adoption to be a realistic possibility for them. Too often, staff shortages and other administrative difficulties—such as a failure to reexamine agency practices—have stood in the way of helping children to have the kind of family home they need.

Innovative approaches

Agencies throughout the country, keenly aware of this foster-care crisis, have tried a variety of approaches to break the bottlenecks which keep children from having homes of their own. Special recruitment efforts to find foster families have become a commonplace, as have special efforts to find adoptive homes for Negro children and other children for whom adoptive homes are not readily available. These efforts have helped but not solved the problems, for no one approach or effort can do so.

Therefore, many agencies are seeking new approaches. Some of these are described in the short articles following this one. They are presented not as panaceas but as experiments worth watching and learning from as new efforts are made.

The foster homefinding experiment described by Mother M. Ann Michaela, for example, recognizes the often overlooked resources in the kind of neighborhood from which most of the children in shelter care come—an inner-city neighborhood. Impressed by the potentialities for foster care of the many stable families who reside in public housing projects, the agency has been fortunate in not having to face the usual obstacle to placing children into such families—the housing authority's assignment of apartments according to size of family.

This kind of focus on a neighborhood familiar to the child needing placement may be especially useful for finding temporary homes for children who may be returning to their own families in a week or even a year. Such children need to be in a home near enough to their own homes for the parent-child relationship to be maintained and strengthened by regular visits by the parents while the child is away from home. Many possibilities for the welfare of children may lie in further exploration of such a neighborhood approach. For example: Could an agreement be worked out with the housing authorities to allocate a number of apartments for foster families? Could an agency rent and maintain houses for foster families in neighborhoods having a high incidence of parent-child separation? Would training and work

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with foster families in these neighborhoods tend to strengthen family life in the neighborhood generally?

An example of an agency's experience in renting and maintaining houses for foster families is illustrated in the article by Catherine Pratt.

Other types of neighborhoods may also provide a resource for foster family homefinding. Many families living in suburban isolation might have real potential for preadoptive care, long-range foster care, or for taking an emotionally disturbed child into their homes as part of the agency's treatment plan. A study previously reported in CHILDREN has suggested that untapped resources may lie in the suburbs, particularly among working wives who would prefer to supplement their husband's income by suitably paid home-based service than by going out to work.[6]

Foster family recruitment efforts with specific child characteristics in mind, aimed at specific target areas, might bring more promising results than a shotgun approach to recruitment.

A caseworker observes the warm relationship which has developed between this man and his two foster children.

Policies and practices

Whatever the resource tapped for foster family homefinding, placement practices must protect the child insofar as possible from the shattering experience of removal from a successful foster home. This demands some serious consideration of the following questions: What plans are necessary and possible for continued agency supervision of the family and accountability for the child when a foster family moves across county or State lines? What payment for service, what commitment on the part of the foster family, and what kind of training of foster parents are necessary to assure that the difficult work of caring for a child who has already undergone damaging experiences will be rewarding enough to the foster family to assure continued care?

Foster parents of emotionally disturbed children need a great deal of help, support, and training from the agency to be able to understand and "take" the vagaries in the child's behavior and to understand how their parental role differs from the role of natural parents. The chances that they will be able to learn on the job and use close supervision may be greater if they are taken into the agency as full-fledged members of the agency's staff. Moreover, is it not better for the child if foster parents secure their reward through employee status, just payment, and vocational satisfactions, rather than for them to expect to be rewarded by the immediate affectionate response and "good behavior" of a frightened, distrustful child?

Perhaps the provision of special training courses, adequate payment, and the prerogatives of agency employment would also help to reduce the costly turnover in foster parents—an important factor in the foster family shortage. The experiment Miss Pratt describes is based upon this point of view. But payment for services of the foster family in addition to the child's maintenance is a rare practice in the child welfare field today, in spite of the time, energy, and skill required of the foster parents in caring for a child.

Much of the scarcity of foster parents may also be due to restrictive selection policies on the part of agencies. Many agencies exert a great deal of energy in recruitment drives and then select as foster parents only 5 to 10 percent of the families who respond. Could more of these applicants be advantageously accepted and the turnover of accepted families be reduced, if agencies would focus on increasing and supporting their strengths through intensive casework service and through orientation and training programs?

None of these possibilities can safely be built into a program of foster family care without plans to increase the quality and size of staff in child welfare services. Moreover, the critical situation in foster family care spotlights the pivotal importance of those services which can prevent parent-child separation in the first place—casework services to the

parents, homemaker services, day-care services, and a realistic public assistance program. Another major factor in the foster-care crisis is the misplacement of children in foster families who would have been better served in a different kind of foster family, or in group care. If such tragic mistakes are to be averted, the caseworker must have the time and skill to determine the kind of service the child needs and to find or develop the appropriate resource. Major blocks to achieving this are the underfinancing of child welfare services programs and lack of emphasis in staff development programs on teaching the specialized skills required.

Long-range care

Regrets over what might have been cannot be allowed to interfere with efforts to help the children who no longer have a chance for returning to their own homes and whose chances for adoption are extremely slim unless the agency establishes unusual methods of developing adoptive homes. Many child-placing agencies are testing out ways of meeting these children's needs. Experiments in placing such children in "permanent" or "quasi-adoptive" family homes where there may be a hope for future adoption are described in the articles by Vivian Hargrave, Aileen B. Ostazeski, and Elizabeth A. Lawder. In other plans, agencies are trying out "guardianship" homes; others are subsidizing adoptive parents, for a limited period of time either before or after legal adoption, and for special purposes, such as surgery for the child or other medical treatment.

Prospective foster parents, at a social agency, meet the child who is to be placed in their home for care.

The various experiments in trying to provide "permanent" families for children are, as Vivian Hargrave points out, an attempt to plan consciously for something that has long been happening to children: remaining in foster care throughout their childhood. Elsewhere in this issue, Elizabeth G. Meier reports some encouraging results of long-range foster care. The majority of young adults in her study—all of whom had been in foster family care for 5 years or more—have made strikingly better adjustments than had their natural parents.

There are, however, some differences in the placement programs under which Dr. Meier's respondents received care and the "permanent" care programs planned today. Forty-two percent of the girls and 35 percent of the boys in the Meier study had their foster care in "work" or "free" homes,[7] but in today's plans the agencies may continue to take full financial responsibility for the child. Moreover, the placements referred to in the Meier study had taken place in a largely rural environment at a time of economic depression. Today the socioeconomic climate has changed and may well have an effect on the results of child placement. Therefore, it is necessary to question, to test out, and to adjust planning in relation to today's circumstances.

Careful scrutiny needs to be given, for example, to the foster family's conscious and unconscious reasons for wanting to take a foster child for permanent foster care rather than adoption. In our eagerness to find a family to which a child can feel he belongs, there is a real danger of rationalizing the foster parents' motivation for offering permanent foster care.

Is financial inability to adopt, or a longtime fear of financial insecurity, the real reason behind the foster parents' choice? Or is this a cover for anxiety about how the child will "turn out"—a lack of faith in the child and in themselves? Vivian Hargrave indicates that some foster parents who want a foster child to be part of their family question their own ability unsupported to meet the child's developmental needs but have strengths that can be supported and developed through casework service.

However, there may also be some prospective foster parents who cannot take a child for temporary care because of their sense of rivalry with the child's own parents and the desire not to have the parents visit the child. Therefore, as Aileen Ostazeski points out, these couples may choose to provide long-range foster care in which they do not expect to have to deal

with the parents. Is this a healthy reason for their choice? Such prospective foster parents do not realize that the natural parents, still present in the child's phantasy, cannot be avoided. Could the foster parents be helped to a better understanding of this? Could they be helped to work for the child's understanding and acceptance of his own parents?

Unanswered questions

Each of the following examples of programs for long-range foster family care has unique features. And each poses some explicitly stated questions which the sponsoring agencies hope will be answered with developing experience. In addition, there are numerous practical questions about which the agencies must make policy decisions without a body of experience to rely on.

Among these questions are:

- What should be the respective rights and responsibilities of the agency and the foster parents in permanent foster family care? What kinds of decisions must the agency continue to make as part of its accountability for the child's well-being? What kinds of decisions should be assigned to the foster parents?
- Is permanent legal termination of parental rights necessary before long-range foster family care can be considered for a child?
- Should the agency continue to reimburse the foster parents for all maintenance costs as long as the child is in foster care? Should the child use the foster family's medical facilities or those of the agency?
- In what ways, if any, should casework supervision of the foster family differ in permanent care from that in temporary care?
- Should the child take the name, legally or otherwise, of the foster parents?
- In what circumstances, if any, and for what purposes should the natural parents or other relatives of the child be allowed to visit him?
- Should there be written or verbal agreements that the foster family expects to adopt the child?

All of these questions are intimately involved in the overall question of what kind of agency planning will make permanent foster family care a constructive experience for children and for foster parents.

The times call for critical innovation and a critical reappraisal of policies, procedures, and methods in foster family care. At the same time, agencies must keep clearly before them their ultimate goal, the provision of the best service possible for every child.

Separated from his own parents, this toddler turns to his new foster mother for comfort, security, and love.

In short, the first imperative in any child welfare program must be the provision of the preventive and protective services that can help keep children with their own parents or other relatives when this is best for them. When this is not best, the need is for differential planning for placement of children according to their specific needs and characteristics. Temporary foster family and group-care arrangements are needed to care for children in emergencies and on occasions when they must be separated from their parents for their own protection while work goes forward toward their early reestablishment in their own homes. Adoptive homes are needed for children of all ages, and this means special planning for children with special problems. In addition, a

purposeful, planned program of long-range foster care is needed, which for some children may prove to be an avenue to adoption. Only when such a continuum of services is available will the foster-care crisis be overcome.

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[1] Anderson, J. W.: A special hell for children in Washington. *Harper's Magazine*, November 1965.

[2] Haitch, Richard: Children in limbo. *The Nation*, April 1963.

[3] Wyden, Peter: Suburbia's coddled kids. Doubleday & Co., Garden City, N.Y. 1962.

[4] Herzog, Elizabeth; Bernstein, Rose: Why so few Negro adoptions? *Children*, January-February 1965.

[5] Richmond Area Community Council: A study of substitute care of children. Richmond, Va. 1965. (Mimeographed.)

[6] Simsarian, Frances P.: Foster care possibilities in a suburban community. *Children*, May–June 1964.

[7] Meier, Elizabeth G.: Current circumstances of former foster children. *Child Welfare*, April 1965.

Community-Centered Foster Family Care

MOTHER M. ANN MICHAELA
Administrator, McMahon Memorial Shelter
New York, N.Y.

Enthusiasm is a potent factor in any community. Because of it, 110 children who might have remained in institutional care were placed in foster family homes. The most remarkable part of the story is that the community is in one of the crowded, low-income areas of New York City—East Harlem. We believe that what has happened here is proof that there are resources for the care of children without homes even in an economically poor community.

Our agency, the McMahon Memorial Shelter, is a voluntary agency, operated by the Franciscan Missionaries of Mary, which accepts children from the courts and from the Bureau of Child Welfare, New York City Department of Welfare. Traditionally, it has provided "temporary" group care for children who require emergency placement because of a sudden crisis in the family, neglect, or the need for protection.

Temporary care, by definition, should last no longer than 3 months. But in recent years some children have stayed at the shelter for a year or more because severe pathology in their own families precluded their return home and foster homes could not be found for them through the usual child-placing channels. This was particularly true of our Negro and Puerto Rican children. Last year, we decided we had to find a new resource. Therefore, we determined to do our own homefinding so that children badly in need of individual love and attention could remain in a warm family atmosphere until a more permanent plan could be made for them.

We began by appealing to our own employees, most of whom live near the shelter. We explained the plan to them and asked them to tell their friends about it.

The idea worked better than we had dared to hope. An employee told a friend, the friend told another. Soon the news had spread all over the neighborhood, and prospective applicants began ringing our doorbell to inquire about the program. Much of our routine preparatory work was done for us as applicants helped others to fill out forms and alerted them to the need for medical data and letters of reference.

The greatest source of homes turned out to be families living in the large public housing projects in our neighborhood. This source had been opened up by agreements worked out by the city welfare department and the city housing authority as a basis for a foster family recruitment program in 41 housing projects.

We held our first group meeting for applicants in November 1964. Twenty-three couples came. We explained the plan and the function of the shelter, the contribution foster parents could make to the welfare of a child, and the relationship that would exist between the foster boarding home and the shelter.

When we said that we wanted to keep the children of a family together if possible, the reaction was spontaneously favorable. One man suggested that as he and his wife and Mr. and Mrs. X, another couple at the meeting, lived across the hall from each other, one family could take one child and the other his sister. Others at the meeting also expressed interest in such an arrangement.

A social worker and a nurse from the shelter's staff, working as a team, evaluated each home carefully, concentrating particularly on family relationships. The standards of the New York State Department of Social Welfare were the criteria for certification.

The 110 children we have accepted since November 1964 were placed in 46 foster families. All but eight of these families live in public housing projects, and all are either Negro or Puerto Rican. They are of various religious faiths. About 80 other families are on our waiting list to receive children. While the program was devised chiefly to provide temporary and interim care for children, four of the foster families have taken children for long-range care.

Because the foster families and the shelter are in the same community, we can keep in close touch with our children. They return to the shelter for visits with relatives and for psychological tests and medical attention. We believe it is important for the shelter to remain familiar to them to avoid shock should they have to return to its care for any reason.

Our goal is to create a center to which foster parents can turn with confidence. Many come with their foster children to the shelter on visits. The nurse and the social worker conduct group discussions for the foster mothers, the topics being suggested by the foster mothers themselves. Through their discussions as well as through individual interviews in the homes, the social worker and the nurse attempt to increase the strengths in the family, not only for the sake of the foster children but for the foster parents and their own children as well.

We also do all we can to give the foster parents' own children a good impression of the shelter, for many of them are encountering a social agency for the first time and at a formative stage in their lives. To encourage them to come to the agency, we have a pilot recreation project in which they are invited to participate. We hope that as these children become aware of our interest in them, any sense of rivalry between them and their foster brothers and sisters will diminish.

Foster parents have told us that they feel close to the shelter because we are living with them in their own community. We, in turn, have observed the happiness and well-being of the children placed in their homes. The progress of these children is a greater tribute to the foster families than any tribute the shelter could express.

The growth of our community-centered foster home plan demonstrates that in sections of New York City, such as ours, where there are many complex problems, strong family units do exist, units that through interpersonal relationships engender and foster the values on which family life is built.

Preparation for Permanent Foster Care

AILEEN B. OSTAZESKI

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Early in 1960, the Westchester County Department of Public Welfare realized that it was facing a serious problem in supply and demand: There were not enough foster or adoptive homes for the large and increasing number of children legally free for adoption for whose future well-being the department was responsible; and the number of applications from prospective adoptive parents was decreasing. In the division of family and child welfare, we planned to continue our extensive efforts to interest families in the community in adopting, but we became convinced that an additional program would have to be developed if each child was to be reared in a family as nearly like one of "his own" as possible.

We were determined that the needs of the child would be paramount in our plan. Since many of the children for whom we were planning would come into our care as infants, we knew we must avoid making a plan that would only lead to frequent changes in foster homes—a circumstance so many children without families of their own have had to tolerate, and which too often impairs emotional development.

Therefore, we planned for a new kind of long-range foster care, one which would provide the child with a permanent home in which the foster parents would have a greater degree of independent authority than foster parents are usually accorded. The agency, of course, would continue to be responsible and accountable for the child. But it would try to provide an environment that would permit the child to put down roots and to develop a normal child-parent relationship with his foster parents.

When we believed we had developed a sound plan, we began at group meetings for prospective foster parents to introduce the idea of taking in a child for permanent foster care. Our next move was to examine the information we had gathered about these prospective foster families. We found—and continue to find with new applicants for foster care—that they were of different ages, their incomes varied, and the majority, having children of their own, were experienced in child care. They had one characteristic in common—the desire to bring up a foster child as though he were their own child. They expressed this desire in many ways.

We began then and have continued to talk about permanent foster care with those prospective foster parents who indicate they are not ready to meet the demands of traditional foster care—with its constant threat of having to give up the child and often the necessity of sharing him with his own parents—nor ready to accept full responsibility for a child through adoption. Some of these couples feel that for financial reasons they cannot adopt a child. Some have immediate financial problems and others, having struggled for years to secure their present homes, do not wish to make the financial sacrifice involved in adoption, at least as yet.

In such situations, we try to learn as surely as we can whether the child is wanted for himself. When we are reasonably certain that he is, that the foster family's motivation in applying for a permanent foster child is healthy, we proceed with the home study. This includes careful examination of the foster family's understanding of and attitude toward parents who give up their children because they cannot provide a suitable home for them. At some point in the future, the foster child will certainly ask questions about his own parents and his status as a foster child. Preparing the family to face this vitally important issue in a way that is to the child's best interest must begin in the home study itself. Since the natural parents of each one of these children have legally relinquished custody to the agency, there will be no contact between natural parents and the child.

Permanent foster care involves many of the same elements as adoption. We select foster parents for specific children as we do adoptive parents. We ask the foster parents to act as nearly as they can as though they were the child's own parents. Therefore, since we expect this degree of acceptance, we believe we must give the parents the right to handle the day-by-day experiences of living with the foster child as they would with their own children.

Our continuing supervision has a clearly defined objective: to be of service to each person in the foster family and to encourage the family to treat the foster child as one of its own, allowing him to have a real place in the family. This means that the child will grow to feel closer to the family than to the agency.

The agency serves as counselor to all members of the family as they establish relationships with the foster child. Because it permits the foster parents to act as parents to the child in every sense possible, it does not attempt to control the family's child-rearing practices. Rather, it allows the control to come from the good feeling which develops naturally between the foster child and his foster parents.

With each such placement, the agency gives a verbal commitment to the foster parents that the child will remain permanently in their home unless a situation develops in the home which may harm the child or which makes it necessary for the family to terminate the care. This commitment gives the foster parents a sense of a lasting arrangement and dissipates the anxiety foster parents and foster children are apt to feel when uncertainty prevails. The child is allowed to become a part of the family; he and his foster parents can relax in the knowledge and security of the agency's commitment.

Thus far, 105 children have been placed in this type of care. All but three are still with the foster families with whom they were originally placed. Two placements were terminated by the agency when it was found that the foster home was not meeting the needs of the particular child. Another child had to be replaced because of the foster mother's serious illness.

All the children in permanent foster families are Negro children, attractive, healthy, average or above average in intelligence, appealing, and adoptable in every way. Two showed scars of emotional deprivation at the time of placement and one had a slight physical handicap (club foot).

We are pleased with the results so far. We expect that some children will eventually be adopted by their foster parents; that others will grow up in foster care. It is a young program, but it is old enough to be reevaluated—something we are doing continually. We believe the program is most certainly providing the child and foster parents with the opportunity to enjoy the satisfaction of an arrangement that allows a healthy parent-child relationship to develop normally.

Quasi-Adoption

ELIZABETH A. LAWDER
Executive Director
Children's Aid Society of Pennsylvania, Philadelphia

In the spring of 1964, the Children's Aid Society of Pennsylvania, a voluntary child-caring agency, initiated a quasi-adoption service. After a startup period of 4 months, the first child was placed with a "quasi-adoptive family" in September 1964. By the end of August 1965, 32 Negro children were placed in 31 families. The number of placements exceeded by 7 the goal of 25 such placements within the first year.

The aim of this new service is to provide permanent and uninterrupted family living for young Negro children for whom there are no prospects of being reunited with their families. Because of the shortage of adoption homes for Negro children, modifications of practice are necessary to expand the possibility of adoption for this group of children. Quasi-adoption, then, while based upon what is known about sound adoption practice, has distinct differences.

One of the major differences is that quasi-adoptive families need not commit themselves at the outset to legal adoption, although the agency from the beginning lays the groundwork for making this outcome a distinct possibility. Families who are accepted by the agency for the service are emotionally committed to care for a child permanently. Discussions with prospective quasi-adoptive parents include their motivation for parenthood, their emotional commitment to taking a child into their home, and their anticipated ability to provide for the child throughout his childhood. All quasi-adoptive parants are informed during the home study that the child is potentially free for legal adoption and that the agency hopes that this final step will be taken by the family at some point.

Discussion during the home study of how much assistance the family needs and wants with the cost of the child's care leads to the decision of how much financial responsibilty the agency agrees to bear. In some instances, the Children's Aid Society agrees to pay for board, clothing, and medical care for the child, and in others the agency pays only part of these expenses. Before the petition for adoption is entered, however, the family takes on full financial responsibility for the child. Discussions of financial responsibility are, of course, related to the whole of the family's functioning and are considered an important ingredient of the casework service the agency provides.

The characteristics and needs of the quasi-adoptive families appear to differ from those of the more conventional adoptive parents in that many of the quasi-adoptive families seem to need basic family casework in solving some of the economic and social problems which may stand in the way of a richer family life. Any family accepted must have emotional stability and sufficient financial security to undertake the care of a child. However, casework service is offered to help raise the general level of family functioning so that the family as a whole benefits. Budgeting, household management, financial planning, and housing are concrete areas in which the families may need help.

All children selected for placement in quasi-adoption are legally available for eventual adoption, are healthy, are developing normally, and are under school age. The selection of families for children and vice versa is strongly influenced by the image the quasi-adoptive parents present of the kind of child they wish to have. Most of the couples applying for children through this service have definite ideas about the kind of child best suited to them. It has become clear during this first year of this service that careful selection is the cornerstone of successful placement.

The 32 children placed within the first year of the new service ranged in age from 1 week to 5 years, 3

months, the range being determined by the requirement that all children be below school age. The characteristics of the quasi-adoptive parents, however, are only loosely governed by objective eligibility requirements; such requirements are flexible. The median age of fathers was 40 years; the range was from 22 to 55 years. The median age for mothers was 38 years; the range was from 21 to 50 years. The median income was $5,200; the range was from $3,600 to $10,000. The median education for fathers was 11 years; the range was from 5 to 16 years. The median education for mothers was 11½ years; the range was from 6 to 14 years. The majortiy of families were buying a home. All families were Negro.

This new service grew out of a growing community concern over the emotional damage mounting in the many Negro infants and young children who, because there were no homes for them, remained for excessive lengths of time in the Philadelphia General Hospital and the temporary shelters of the Philadelphia Department of Public Welfare. At the same time, the Children's Aid Society was receiving applications for children from families who were neither prospective adoption applicants nor prospective foster parents in the conventional sense.

In the winter of 1964, the Children's Aid Society presented its plan for a quasi-adoption service to both the Philadelphia Department of Public Welfare and to the United Fund, the local fund-raising organization for voluntary social services. The plan was accepted enthusiastically by them and also received the blessing of the Health and Welfare Council. Close collaboration between the staffs of the Children's Aid Society of Pennsylvania and the Philadelphia Department of Public Welfare for purposes of casefinding has been developed. All children accepted for the service are referred to it by the public welfare agency.

Quasi-adoption is new, and many questions about it must remain unanswered until there has been more experience. The following are but a few of the questions we hope to answer in time: Will the supply of families continue? Will this method of adoption reduce the number of outright adoptions of Negro children? How many families who take children through this service will legally adopt them? What kinds of psychological problems arise in this type of arrangement? What kinds of practical problems develop? Can quasi-adoption be used for other types of hard-to-place children?

One year is only a beginning. So far the results are promising. Quasi-adoption placements have exceeded our expectations, and in the same year the number of Negro children placed for adoption through our conventional adoption service increased.

A Statewide Policy for Permanent Foster Care

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In 1963, the Lutheran Social Service of Minnesota received a request for a Negro foster child from a white couple who had been impressed by recent publicity about the shortage of adoptive or foster homes for Negro children. The prospective foster parents expressed their intention of giving permanent care to the child, but had some hesitancy about adoption. Uncertain about their ability to handle all the problems which might arise, they wished to have the continuing help and supervision of the placement agency.

Since there was a prevailing tendency to regard foster home placements as temporary, the Lutheran Social Service turned to the Hennepin County Welfare Department and the Minnesota State Department of Public Welfare to determine if permanent home placements could be made. The experience of these departments strongly pointed up the need for permanent homes for children for whom adoption was either not feasible or not available. There resulted the development of a cooperative program between the Lutheran Social Service and county welfare departments for the planned placement of children into foster families for care throughout their childhood, and, eventually, in the establishment by the Minnesota State Department of Public Welfare of statewide standards for permanent foster care.

The resulting interest in permanent foster family care, along with the findings of Elizabeth Meier's study of adults who were foster children through most of their childhood (see p. 16), stimulated social workers in the State to reexamine their foster-care standards, policies, and practices.

We found we had no guidelines or policies for the planned use of long-range care. The State's standards for foster boarding homes, agreements with foster parents, and public welfare manuals all reflected the concept of foster care as a temporary service, and gave little status to its use as a long-range plan. Although voluntary agencies and county welfare departments were placing children for long-range care, they assumed they did not have approval of the State agency for this type of placement.

In 1964, the Minnesota State Department of Public Welfare responded to pressure to develop State guidelines and policies for long-range care. It was becoming evident that a distinction in programing short-range and long-range foster care was necessary.

The department began with a survey of 95 children under State guardianship in three counties in order to identify those children for whom permanent foster family care is an appropriate and realistic plan and those who are actually in placement in permanent homes, whether or not by original intent. The findings indicated that a large proportion of the children who had been in foster care for a long time were well established as members of their foster families. Nevertheless, a review of their records indicated that agencies responsible for their care still had plans to place them "eventually" in adoptive homes. Although the "temporary" placements had turned into extended placements, the status of children in their foster families was in limbo.

As a result of this study, a committee was formed of representatives from the State agency, four county welfare departments, and two voluntary child-placing agencies to examine the issues which must be considered in planning permanent foster family care for children. The committee set out to clarify the respective responsibilities of permanent foster parents and the placement agency, to examine legal and policy problems which deter the assimilation of the foster child into a foster family, and to determine the kind of social casework and financial services permanent foster parents need.

After a year of study, the committee identified the following principles:

- A program to provide permanent foster families for children cannot be effective unless the agency's staff accepts the idea that this type of care is a necessary and constructive service for some children. Delay in making a decision for long-range foster care because of an unrealistic goal of adoption denies the child an opportunity for full family life. Agencies should regularly evaluate the status of their children in foster care and make more permanent plans for those threatened with extended "temporary" care.
- After the child has been placed in a foster family where the agency and the foster parents believe he can remain permanently, both must work together to sustain the placement.
- A formal agreement between the agency and the foster family—with the "intent" of permanency clearly stated—helps to cement the relationship between the foster family and the foster child.
- The agency should provide permanent foster parents with casework service and financial aid in a manner which will help them feel like parents to the child. Permanent foster parents should be given more freedom to make decisions affecting the foster child than can be allowed families providing temporary foster care.

The promulgation of these guidelines spurred increased activity in providing this type of service. Thus far, in Hennepin County, the county welfare department has placed 48 children in permanent foster families, and in Betrami County, the local welfare department has placed 25 children in such care.

The majority of permanent placements have been interracial, a development arising from the large number of children of minority groups needing such placement. However, families from both Caucasian and Negro groups have opened their homes to children. Of a total of 38 Negro children placed in permanent care, 24 are with Caucasian families and 14 are with Negro families. The remaining 35 children, all of whom have been placed with Caucasian families, include 23 Indian children, 11 Caucasian children, and 1 Puerto Rican child.

Finding the families who wish to give permanent care to a child has never been a problem. The Lutheran Social Service especially has discovered that many families who would not take a child for temporary care are eager to give permanent care.

Many problems must be resolved in the statewide program for placing children in permanent foster homes:

- Child welfare workers still vaccilate in deciding whether to refer a child for adoption or for permanent foster family care. Often a child is re-

ferred for *both* types of placement. This interferes with sound planning for the child.

- The mobility of families today raises a problem. Placement agencies have no real assurance that a family will keep its foster child if it moves out of the State. The usual procedure is to reevaluate the placement at the time the family plans to move and to make every effort to work with agencies in other States in providing continuity of care.
- The State's policy of requiring reevaluation and relicensing of foster family homes, which applies to permanent as well as temporary foster homes, may need to be relaxed in relation to permanent homes, because of the threat to permanency implied in an annual review.

Our experience in studying these problems has made us keenly aware of our responsibility to provide consistent care to all children under the State's guardianship. The goal is to develop long-range foster care of high quality so that it will be an effective, beneficial service for the children for whom adoption or return to their own homes is not possible. Thus, it will be one facet of a continuum of services for dependent children.

Foster Parents as Agency Employees

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In a demonstration project aimed at developing a new resource for providing a stable family life for children likely to be long-term public charges, the Family and Child Services, a voluntary agency in Washington, D.C., has employed six foster mothers as full-time agency employees, each to give longtime care for small groups of children. Three of the foster mothers and their husbands live in their own homes; three in homes rented, furnished, and maintained by the agency. In addition to their salaries and other regular employee benefits, including vacations, sick leave, coverage in workmen's compensation, and opportunities to join retirement and hospitalization plans, the foster mothers receive full reimbursement for the cost of child care. To help them in their child-care functions, they are provided with concentrated casework services and auxiliary services related to child care.

In all the homes, the foster mother's husband assumes most of the usual attributes of a father's role, except for providing for the children's maintenance. Four of these foster fathers have full-time employment outside the home; the other two, who are semi-retired, have part-time employment.

The demonstration project is financed by a grant from the Children's Bureau, U.S. Department of Health, Education, and Welfare, and by reimbursement for child-care costs from the District of Columbia Department of Public Welfare. It grew out of a recognition of the need in many large cities for additional resources for the care of children for whom neither adoption nor return to their own home is likely.

The 6 participating foster couples are caring for 29 foster children, all selected from referrals made by the welfare department. Each of five couples cares for five foster children; the sixth, for four. One family also includes two of the foster parents own children.

Except in one home, in which all the foster children are adolescent girls, the foster children in each home include both boys and girls in age ranges approximating the spread in normal families. Several homes include more than one child from the same family, but in no home are all the children from one family. The overall age spread is from 3 to 16, with about half (15) the children being between 6 and 12. Of the remainder, six are under 6 years of age and eight are over 12.

All are children from families of longstanding parental inadequacy, with little chance for eventual return to their own homes. While all are believed to have capacities for development in a foster home, none is regarded as having an opportunity for adoption, the obstacles being lack of adoptive applicants, legal involvements, or the inability of the child to meet the emotional expectations of adoptive parents. All have previously been in institutional or foster family care for from 1 to 9 years, the median length

of stay being 5 years. Twenty-two children had been in both types of care. The number of previous placements per child ranged from one to nine; the average was three.

The agency took 23 months to recruit and select the foster parents for the project, obtain three houses, and select and place the children. The selection of foster parents took longer than is usual in traditional foster care. Studies of applicants were lengthy and detailed. The agency had to learn how well the prospective foster parents had functioned and were functioning as members of a family and of society. It spent much time in orienting applicants to the nature of the plan—the expectation of long-time care and the respective responsibilities of foster parents and agency. Preliminary work included an evaluation of the willingness of the applicants to make long-range commitments, to share their responsibilities freely with the agency, to accept the children selected for them, and to seek and use the help of the agency in developing their own child-caring skills and building on the strengths in the children. Only one of the couples selected had had experience as foster parents under social agency auspices, although all had had experience in child care.

The program has been in operation for too short a time for conclusive findings. Only three of the families in the demonstration have had their full group of five children for a year or more. However, the experience thus far is promising. These three "artificial families" are beginning to resemble natural families in many ways. The foster parents show in many ways their acceptance of the arrangements as permanent. For example, a social worker heard a foster father preface a remark to his teenage foster daughter with "When I walk down the aisle with you on your wedding day . . ."; and a foster mother say of her younger foster children, "When they are ready for high school, we'll have a new school nearby." The sense of permanency seems to have freed these foster parents to invest their love in the children to a degree not possible when an arrangement is regarded as temporary.

The agency believes that the sense of permanency is equally strong in both types of homes. The three couples in their own homes have voluntarily purchased larger homes to make more room for the foster children. The three couples in homes supplied by the agency show no insecurity in their greater dependence on the agency. In the agency-supported homes, the agency intrudes in the household operation as little as possible. In the two in which the children have been in the families for more than a year, the children think of themselves more as members of a family than as wards of the agency.

Recently, 14 of the children who have been in the project longest were asked, for research purposes: "If you had some trouble or were worried, whom would you like to talk to about it?" Of the six children in agency-supported homes, five indicated the mother, and one the foster father. Of the eight in the foster families' own homes, five chose the foster mother; one, a foster brother (also a foster child); one, the caseworker; and one, the project director.

The foster mothers seem well satisfied as agency employees. They speak of "my agency" and "my job." They introduce the caseworker as "my supervisor" and refer to her, the project director, and the executive secretary of the agency as "my bosses." They see themselves as accountable to the agency and responsible for accepting supervision and direction. Some are beginning to develop professional skills in understanding and dealing with the behavior and interaction of the children.

All of the foster fathers take an active interest in the children. While they see their wives as having the major child-rearing task, they provide the children with much emotional support and help out in their care and discipline.

The research the agency is conducting as the project moves along will try to determine whether a natural family group can be maintained and the roles of the agency and the parents remain compatible under a plan such as this. It will also evaluate the extent of the children's developmental progress and of change in their sense of identification and belonging; and will try to determine what factors in a child's personality and past experience may favorably influence adjustment in foster homes such as these.

Last spring, the local antipoverty planning organization contracted with the agency for the establishment and maintenance of five additional foster homes, utilizing the salient features of the demonstration. However, these homes are being used primarily for groups of brothers and sisters who have been separated from their own parents for shorter periods of time than the children in the demonstration and who may still have a chance to return to their own families. Because of the absence of a sense of permanency and the closer relatedness of the children to each other and to their own parents, these homes are expected to present the agency with different problems and results.

ADULTS WHO WERE FOSTER CHILDREN

ELIZABETH G. MEIER

What effect do the age a child is placed in foster care, the number of replacements he undergoes, and the nature of his experiences before placement have upon him in his adult life? Some light has been shed on these questions, with some unexpected results, through a recent followup study of former foster children sponsored by the Minnesota Department of Public Welfare.

The subjects included 66 men and women between the ages of 28 and 32, who in their childhood had experienced 5 years or more of foster family care, and who had not been returned to their own families while they were children. As foster children they had been in the guardianship of the State of Minnesota and under the direct care and supervision of social agencies. Many of them, before placement, had been sorely neglected by parents who manifested gross social and personal pathology.

Since the study was begun in 1959, the lists of children discharged from guardianship between July 1, 1948, and December 31, 1949, were used for selecting subjects. Ninety-eight fulfilled the three criteria of age range, length of foster family care, and not having been returned to their families' care when they were children.[1]

The sample of 82 persons from among those 98 consisted of all the 34 men who were eligible on the bases of the criteria and a random sample of 48 women from among the 64 eligible. From among the 75 persons in this sample who could be located, 61 were interviewed (21 men and 40 women) and 5 others (3 men and 2 women) provided information by mail on a self-administered questionnaire. Nine persons refused to participate.

The current circumstances of the 66 participants—their present locations, living arrangements, economic circumstances, marital status, parenthood, and social relationships—have been described elsewhere.[2]

The research plan also required determining, if possible, whether the adjustment of these former foster children bore a relationship to (1) age of entry into foster care; (2) number of foster home placements; and (3) experiences of hunger and violence prior to placement.

To test the significance of these factors, each person was rated for "social effectiveness" and "sense of well-being." These attributes were selected as important aspects of "outcome," since the intent of foster care is both utilitarian and humanitarian—to help the child to become a socially productive adult and to derive satisfactions from his experiences.

"Sense of well-being" is a difficult concept to define for purposes of research. In the study, the criteria by which it was assessed were: *a feeling of adequacy in performing the functions for which the individual is responsible and the experiencing of pleasure in carrying out the activities in the various areas of adaptation.* Of course such feelings do not encompass all facets of this complex concept.

Social effectiveness is a less complex concept, involving more factual and even observable data.

The areas of functioning rated for social effectiveness and sense of well-being were: (1) home surroundings and housekeeping standards; (2) employment and economic circumstances; (3) health; (4) support and care of children; and (5) social behavior outside the family group. Marriage, *per se*, was not rated for social effectiveness, but the sense of well-being in marriage was rated.

Some of the information given by persons in self-

administered questionnaires could be used to evaluate aspects of social effectiveness. However, only interview information could be used to assess the sense of well-being; for this and other reasons, all subjects could not be rated on all aspects of the inquiry.

Areas of adaptation

Home and Housekeeping. Interviewers observed the housekeeping standards and condition of the home and evaluated these as excellent, good, fair, or poor. A "poor" rating was the only one judged as lack of *social effectiveness.* Both men and women were rated. The homemaking skills of women are clearly indicative of their social effectiveness. In a man's home, of course, the quality of housekeeping depends on his wife. Yet living in a well-kept home is also an aspect of the man's functioning and of the community's evaluation of him.

The vast majority of these former foster children were found to be living in neat, attractive, well-cared-for homes. Of the 20 men rated in this area, all received positive ratings, as did 33 of the 38 women rated. In one of the four homes given a negative rating, the housekeeping standards were so low as to imperil the health and well-being of children. However, there were more instances in which the housekeeping standards might have been criticized as too tidy than there were of poor housekeeping. Yet, when these adults were children, many of them had lived in appalling physical surroundings prior to their placement in foster care.

For men, assessment of the *sense of well-being* in this area was determined by their expressions of pride or pleasure in the home, negative ratings being based on expressions of apology or shame. The assessment criteria for women included, in addition, the subject's ability to accomplish household tasks without strain, her idea of what her husband thought of her housekeeping, her own appraisal of it, and her pleasure in homemaking.

Of the 17 men rated for the sense of well-being, 15 received positive ratings, and 2 received negative ratings. Practically all of the men expressed a sense of pleasure about their homes. Many had used a great deal of their spare time in making structural improvements, building cupboards and shelves, painting, and decorating. The two men who were given negative ratings expressed dissatisfaction with present living quarters, but both had plans to move.

Of the 39 women rated for their *sense of well-being* in the home, 14 received negative ratings, including 4 of the 5 women rated negatively for social effectiveness. Unfavorable comparison of self with foster mother was frequently a factor in the impairment of the sense of well-being in this area. Other factors were feelings of being overburdened by household duties, resentfulness of the husband's failure to help, or uncertainty about his opinion of one's housekeeping. Among the 25 women who did possess a sense of well-being in this area, many credited their foster mothers with having taught them to do housework.

Work and Economic Circumstances. For men, a positive rating for *social effectiveness* in the economic area required the presence of all four of the following indicators: (1) he is employed; (2) he is able to claim a particular line of work as his own; (3) he is the primary wage earner in the family group; (4) he has been steadily employed in no more than three jobs in the last 5 years. Eighteen of the 24 men received positive ratings. Of the six who received negative ratings, only one, a man in prison, was being supported by public funds. Another was partly dependent upon friends. Most of the men who received negative ratings had, as children, been known to have physical and intellectual limitations, or had had academic difficulties in school and no vocational training.

Designation of a *sense of economic well-being* for men depended on their having feelings of accomplishment, of having improved their skills on the job, of comparing favorably with fellow workers, of deriving a comfortable living from their earnings, and of having improved their economic circumstances over the past 5 years. Only 11 of the 19 men rated for this had positive ratings. Of the eight men who had negative ratings, four also had negative ratings for social effectiveness in this area. They obviously suffered from a sense of inadequacy and derived little or no pleasure from their work. The other four actually functioned effectively in the economic area. They were rated negatively for sense of well-being because they manifested a lack of pleasure in work, a lack of pride in accomplishment, or a pervasive dissatisfaction. Mr. B, who thought of himself as a "doorstep baby," is an example.

By objective measurement, Mr. B is highly successful in his work. He is a district sales manager for a farm implement company, supervising a large number of stores in an area covering several counties. The sales in his district have consistently climbed at a rate higher than other district managers have achieved. He has, in fact, received a special company award. But Mr. B worries about his ability to keep on bettering his

own record and whether his bosses will think he is slipping.

The need for visible accomplishment and for constant activity pervades all areas of Mr. B's life. When friends come to visit, he is uneasy just sitting and talking, and usually immediately invites them to play cards. He is uncomfortable driving unless the radio is turned on.

For a long time Mr. B nursed the unhappy thought that his former foster parents, simple farmers, did not unde and that his work required knowledge, skill, and hard work. He felt that they did not really know that he had become successful. He was pleased and amazed when informed that the director of the social agency that had placed him in foster care, in securing his address from his foster parents, had been told how proud they were of him.

Women received a positive rating for *social effectiveness* if the household were self-supporting. Of the 42 women, only the 3 recipients of public assistance were given negative ratings.

However, 15 of the 40 women who could be rated for sense of economic well-being were given negative ratings in this regard. A number of factors were involved: concern about temporary economic problems; a husband out on strike; excessive family medical expenses; a drinking husband; a gambling husband; an uneasy sense of living from day to day; and in a few instances probably poor management on the part of the woman. In most cases, however, the sense of economic pinch could be regarded as a rather normal aspect of this phase of the life cycle of young couples who were getting ahead in the world, buying houses, or improving their homes.

Many of the women rated as enjoying a sense of economic well-being expressed pleasure in the contrasts between their current standard of living and the deprivations of their childhood.

Mrs. D, for example, said that she made up her mind when a girl that she was going to marry someone who could support her well. "I wasn't going to have a house full of secondhand furniture like my foster home."

She recalled vividly the shame and humiliation she had felt before she went into her foster home, when a schoolmate teased her about wearing the same pair of socks every day. She had only one pair, but she told the other girl that she had seven pairs, all exactly alike, one for each day of the week.

Fortunately, Mrs. D married a man with a good income from his own business. The D's own a home in a well-to-do neighborhood. Their sleek new car was parked in the driveway. In discussing social activities, Mrs. D said her husband took her regularly to the best restaurant in town.

Others also expressed pleasure in having the necessities as well as some of the luxuries of life, but without Mrs. D's overemphasis.

Health. In the area of health, the indicator for rating *social effectiveness* was simple, based solely on the extent to which illness interfered with responsibilities. Persons who had lost more than 10 days of functioning in the past year were rated negatively. Among the 24 men, 19 were given positive ratings; 3, negative ratings; and 2 were not rated. Among the 42 women, 34 were given positive ratings, and 8, negative.

By contrast, many different indicators were used to determine impairment of the *sense of well-being*—worry, strain, diminished enjoyment, dependence upon nostrums, and other criteria. Among the 19 men rated for sense of well-being in health, 12 received positive ratings. The seven who received negative ratings included the three rated negatively also for social effectiveness, and four who were worriers, three of whom had somatic complaints.

Among the 40 women rated for sense of well-being in health, only 25 received positive ratings. Among the 15 with negative ratings were 8 women who either (1) described current circumstances in terms curiously reminiscent of the past, such as illnesses and deaths of their mothers, or (2) directly or indirectly connected their present feeling of having poor health with childhood events.

While some of these women had diagnosed physical illnesses, the negative ratings regarding their sense of well-being were not actually connected with the ailments *per se*. In a few, there were suggestions of an "anniversary reaction," which has been described as "a tendency for reliving the childhood trauma [loss of a parent] at a specific time—for example, when a woman reaches the age of her mother's death, or when her daughter reaches the age the woman was when her mother died." [3]

Attention should be called to some findings not necessarily related to the ratings. Of the 40 women interviewed, all but one had had one child or more.

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Among them, they had borne 129 children who had lived beyond early infancy. In addition, 15 of the women had experienced a total of 32 perinatal losses—25 miscarriages, 1 stillbirth, 5 deaths of newborn babies, and one undescribed loss. While comparisons with the general population are not possible, it seems probable that these perinatal deaths were far in excess of what would normally be expected.[4]

Marriage. While subjects were not rated for social effectiveness in marriage, they were rated for *sense of well-being*. Information about some of the persons not interviewed, in addition to that supplied by those interviewed, makes it possible to present data regarding the current marital status of 71 of the 75 persons located. Concerning the other four for whom current data are unavailable or indefinite, the two men had married at least once, and other known circumstances suggest that the two women are living within first marriages.

All 45 of the women had been married at least once and 38 were currently living with a spouse; but 5 of the 30 men had never married, and only 19 were currently living with a spouse. Among the men, 16 were living with a first wife and 3 with a second wife. Nine were known not to be living with a wife, the five who had never married and four who were divorced or separated.

Among the women, 34 were living with a first husband, 3 with a second husband, and 1 with a third husband. Of the five women not living with a spouse, two had been married once and three had been married more than once.

Ratings of the sense of well-being in marriage were based on the subjects' own ratings of their marriages, their estimates of sexual compatibility and other areas of marital functioning, and expressed attitudes toward their spouses and toward themselves as marriage partners. Of the 16 men interviewed who were living with a spouse, 12 were given positive ratings and 4, negative. Of the 35 women interviewed who were living with a spouse, 25 were given positive ratings and 10, negative.

Errors in judgment may have placed some men and women incorrectly in the positive or negative columns. Nevertheless, the two groups present a meaningful contrast. Those rated as having a sense of well-being took pride and pleasure in their spouses. They regarded their marriages as highly important. They compared their present status with their status as foster children and spoke appreciatively of now having someone really their own. Their positive feelings usually embraced the spouse's family. Some mentioned that they had had to "learn" that their spouses were really interested and concerned about them. Some had never before had anyone with whom they could share troubles.

The 10 women rated negatively were generally unable to express emotion constructively, to respond to the needs and emotions of the spouse, or to find in him a response to their own needs. Some seemed to have a diffuse feeling that more was being expected from them than they could give—to their marriage, their children, or life in general.

The four men rated negatively seemed to have even more difficulty finding enjoyment, not only in marriage but in all areas of functioning.

Parenthood. While six of the women had had children out of wedlock who were being reared elsewhere, and one woman had lost custody of her two children through divorce, *none of the children born in wedlock to the women in this study had been placed in foster care.* However, in two homes foster care might eventually be required.

When rated for *social effectiveness* in parenthood, 24 of the 34 women received positive ratings and 10, negative. Eight women were not rated, two because there were no children in the home and six for want of sufficient information.

The criteria for a negative rating were, singly or in combination, a poor quality of physical care of children, severe child behavior or discipline problems, severe parent-child relationship problems.

Again, there were more negative ratings for *sense of well-being* than for social effectiveness. Characteristically, these women *do* better than they *feel* that they do. All of the 10 women rated negatively for social effectiveness were also rated negatively for sense of well-being, and 8 others were also so rated. Only 18 of the 36 women rated received positive ratings. This does not mean that the 18 rated negatively found no joy in motherhood; but they were more worried and less joyous about their children.

For men, the chief indicator of *social effectiveness* in parenthood was providing the primary support of their families. Of those rated, 15 received positive ratings; 2 received negative ratings because their wives were the mainstays of the household. Seven men were not rated since they had no children.

Among the 19 men interviewed, 9 were rated positively for *sense of well-being* in parenthood and 5, negatively. Five were not fathers. As with the women, the ratings depended on their degree of pleas-

ure and satisfaction in their children and their assurance in themselves as parents.

Outside Social Behavior. A person was given a positive rating for *social effectiveness* of social behavior outside his immediate family when there was no evidence that his current or recent behavior in relation to other people had led him into situations disadvantageous to himself or harmful to others. Among the indicators of poor adaptation were antisocial behavior resulting in punishment or ostracism; repeated difficulties with associates, landlords, employers, official agencies; and drinking resulting in job loss or conflicts with associates. On this basis, 17 men received positive ratings; 4, negative ratings; 3 were not rated. Of the women, 38 were rated positively; 2, negatively; 2 were not rated.

Indicators for *sense of well-being* in this area were related to the respondents' satisfaction in social relationships, their pleasure and ease in associating with others, their recreational outlets, the availability to them of confidants, and their reciprocally helpful relationships with others. Twelve men were rated positively, and 7, negatively; 25 women were rated positively, and 15, negatively. This does not mean that those rated negatively felt themselves to be social pariahs, nor that those rated positively were always at ease and invariably experienced adequacy and pleasure in their relationships.

Many of the women were deriving a great deal of satisfaction from relationships with their spouse's family. And there were also some desolate persons who either because of geographic separation or incompatible relationships were not in close contact with any of the three kinship groups with which a former foster child might have connection—his own family, his foster family, and his spouse's family.

Satisfactions were also being experienced in friendships and in group associations, but in varying degrees. Some women rated negatively felt that they must keep their former status as foster children secret lest their associates think less highly of them or ask them pointed questions about their parents. Such an attitude may create wariness and suspicion in a person's dealings with others and a tendency to avoid closeness to people. In contrast, the men and women rated positively seemed to have no such fears or else had developed better defenses against curiosity.

There was a qualitative difference between the men and the women who were rated negatively. The women knew they were being wary of relationships, lacked associations giving them comfort or pleasure, or were discontent with the amount of their social activities. On the other hand, the men seemed less aware of their restricted behavior and feelings, and, at the same time, were more extreme in the manifestations of such problems. Among them were men whose capacity for pleasure seemed stunted.

Overall scores

Thus the data gathered were in the form of numbers of persons receiving negative and positive ratings within various areas of adaptation. Overall scores for each person were derived by considering all his ratings together.

In regard to social effectiveness, the positive ratings for each area could not be simply added to test hypotheses since persons not functioning in the area of parenthood would be penalized. Therefore, the presence or absence of negative ratings was the basis for dichotomizing the group. The distribution of overall ratings in social effectiveness is shown in Figure 1.

In respect to the sense of well-being, on the other hand, the range of areas of adaptation seemed important in itself. Therefore, the positive ratings were added, the high and low score dichotomy being made between those who had four or more positive ratings and those with three or fewer positive ratings. Thus, a person who was neither living in a marriage relationship nor caring for children could fall within the first grouping only if he had positive ratings in all other areas of functioning. The distribution of sense of well-being scores is shown in Figure 2.

Some associations

During the period of data collection and analysis, it became apparent that the same kinds of ex-

Figure 1 SOCIAL EFFECTIVENESS SCORES

Number of negative ratings	Men	Women
None	15	24
One	4	10
Two	4	6
Three	1	2
Total	24	42

Figure 2 SENSE OF WELL-BEING SCORES

Number of positive ratings	Men	Women
Six	4	7
Five	4	7
Four	3	8
Three	4	7
Two	0	3
One	3	7
None	1	1
Total	19	40

periences had had a different impact upon men than upon women. This made it necessary to look at the data for men and women separately, thus introducing a statistical problem of small numbers.

Social Effectiveness and Well-Being. One hypothesis was that social effectiveness and sense of well-being would be associated. While the ratings indicate that these former foster children had more problems with the sense of well-being than with social effectiveness, the data do support this hypothesis strongly for the women and to a lesser degree for the men. Of the 22 women with positive ratings for social effectiveness in all areas of functioning, 17 had 4 or more positive ratings for sense of well-being; but among the 18 women with 1 or more negative ratings in social effectiveness, only 5 had high scores for sense of well-being. (Significant at 0.01 level.)

Of the 10 men whose social effectiveness ratings were all positive, 8 had 4 or more positive ratings for sense of well-being, and 2 had fewer than 4. Among the nine men with one or more negative ratings for social effectiveness, three had high scores for well-being and six had not. This division is not statistically significant, but if the line demarking less social effectiveness is regarded as less than four positive ratings, a greater contrast occurs. None of the 4 men with 3 or fewer positive ratings for social effectiveness have the higher sense of well-being scores, whereas among the 15 men with 4 or more positive ratings for social effectiveness, 11 were high scores for well-being and 4, low scores. (Significant at 0.025.)

Age and Number of Placements. Another hypothesis was that persons who had been placed in foster care before the age of 5 would be likely to be more socially effective than those placed later. This hypothesis was not supported by the data either for men or for women; nor was the hypothesis that age of placement would be associated with sense of well-being.

It had also been hypothesized that persons who had been in three or fewer foster homes during their childhood would have achieved better social effectiveness than those who had been in four or more foster homes. The data did not support this hypothesis.

The failure to find an association between social effectiveness and fewer placements was most unexpected. There has long been a general consensus in the child welfare field that frequent replacements are damaging to a child. Moreover, many of the subjects of this study were eloquent in their testimony against replacement, citing the pain and the difficulties in adaptation that leaving one home and going to another had created for them as children.

The data were examined from many angles: "slicing" the groupings as to numbers of placements in several ways; comparing the totals of positive and negative ratings rather than the numbers of persons receiving high and low ratings; relating the numbers of placements to specific areas of adaptation. Frequency of interruption of living arrangements before the age of 5 *tended* toward a negative effect upon men more than upon women. Nevertheless, the sheer number of foster homes was clearly not decisively associated with quality of outcome.

The same conclusion was reached in regard to sense of well-being scores, although the data *tended* in the direction hypothesized. Among the 11 men who had been in 3 or fewer foster homes, 8 received 4 or more positive well-being ratings, whereas among the 8 men who had been in 4 or more foster homes, only 3 received high positive ratings; but these differences are not statistically significant. For the women, a division between four or fewer homes and five or more homes showed this contrast, again not statistically significant. Among the 26 women who had been in less than 5 homes, 16 had high positive scores for sense of well-being, scores achieved by only 6 of the 14 women who had been in 5 or more foster homes.

In none of this analysis of numbers of foster homes was the subjects' own sense of loss or gain in the placements taken into account. For this purpose, the data were examined from another angle. Some interview questions had been aimed at securing the subjects' recollections of their foster care. One was: "Which of the foster parents whom you had as a child do you

think influenced your future as a grownup most, either for good or for bad?"

Almost without exception, subjects, in answering, used the term "most influential" to mean "best." Many of the subjects who had been in more than one foster home designated the last as the "most influential." But some did not—in other words, they had been moved from their "most influential home."

These data were examined in relation to sense of well-being scores. Among the 21 women who chose their last foster home as "most influential," 16 had 4 or more positive ratings. Among the 11 who chose a home other than the last, only 3 had 4 or more positive ratings. Among the eight who had only been in one foster home, three had four or more positive ratings and five had the lower scores. (Significant at 0.02 level.) Thus, among the women, the factor of having as a child lost a home which in adulthood is regarded as "most influential" or "best" is indeed associated with an impaired sense of well-being.

This association did not hold true for men.

Hunger and Violence. Another hypothesis was that persons who had experienced hunger or witnessed or experienced violence before placement in foster care would as adults have less of a sense of well-being than those who had not had such experiences.

For the women, the data strongly supported this hypothesis. Of the 17 women who suffered any of these 3 kinds of experiences, only 5 had 4 or more positive well-being ratings. While among the 23 women who had not had such experiences, 17 had 4 or more positive ratings. (Significant at 0.015 level.)

For men, no such association was found.

Out-of-Wedlock Births. The fact of having been born out of wedlock seems to have had a much more damaging effect on the men in the sample than on the women, although inadequacies of data make a conclusive statement impossible. Within the total sample of 47 women, 9 had been born out of wedlock, and 4 of these 9 had themselves had a child out of wedlock, as compared with only 4 of the 36 other women. However, at this stage in their lives, between the ages of 28 and 32, neither those women who had been born out of wedlock nor those who had given birth to a child out of wedlock themselves were different from the other women in levels of social effectiveness or sense of well-being.

Among the 30 men located, 7 had been born out of wedlock. While 21 of the other 23 had married, only 4 of the 7 born out of wedlock had married. These differences could not be called statistically significant because the sample was too small. Had it been twice as large and the proportions the same, the differences would be significant at the 0.01 level.

The sense of well-being could be scored for only three of the seven men born out of wedlock, and only one of these three received four or more positive ratings. However, information available about the men who could not be rated makes possible the following observations about six of the seven men born out of wedlock, excluding the man who scored high: three of these men had never married; two had been incarcerated more than once for sexual misdemeanors or crimes; two were married to women more than 10 years older than themselves; two of the married men told the interviewer of sexual problems in their marriages; one of the unmarried men had received psychiatric treatment in late adolescence.

The one man born out of wedlock who received a high score for sense of well-being knew the identity of his father and in adolescence had begun using his surname instead of his stepfather's.

Unanswered questions

The foregoing represents only a small portion of the study's findings. As is frequent in research, more questions are raised than answered. One of the most interesting pertains to the apparent difference in impact upon boys as compared with girls of some types of experiences in foster care.

This was an unexpected finding which the research plan was not set up to explore. Were we to begin with it as the problem to be investigated, we would start with the hunch that with girls the content of experiences which reflect upon *what* they are, is of great importance, whereas with boys the kind of experiences which affect their sense of *who* they are, is of greater significance.

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[1] Meier, Elizabeth G.: Former foster children as adult citizens. (Unpublished doctoral dissertation.) New York School of Social Work, Columbia University, New York. 1962. Available through the University of Michigan Microfilm Library of Dissertation, Ann Arbor (Microfilm No. 62–3699).

[2] ———: Current circumstances of former foster children. *Child Welfare,* April 1965.

[3] Hilgard, Josephine; Newman, Martha F.; Fish, Fern: Strength of adult ego following childhood bereavement. *American Journal of Orthopsychiatry,* October 1960.

[4] American Medical Association: Study of perinatal mortality and morbidity programs in the United States, part 3, Hennepin County. *Journal of the American Medical Association,* July 19, 1958.

some observations of children blind from birth throw light on . . .

the effects of blindness on children's development

JEROME COHEN

Human beings have a marvelous capacity for adjusting to a major handicap, such as blindness. But many factors can affect the quality of adjustment. This became abundantly clear during a longitudinal, interdisciplinary study of children blind from birth recently completed at the Northwestern University Medical School. The children were tested and observed, by various specialists in the fields of medicine, psychology, and social work, for an average of about 12 years from the time of their birth. Detailed presentations of the medical findings have been presented elsewhere.[1, 2] But some generalized observations derived from the study might be helpful to persons who work with blind children, particularly those handicapped both by blindness and real or apparent mental retardation.

A study of blind children in the Chicago metropolitan area had previously been undertaken by the University of Chicago, and a report of the social and psychological development of preschool children was presented by Norris and other.[3, 4] Due to the cooperation of the Chicago project and the children's parents, we were able to continue a followup study of 57 of the 66 subjects in the original group.

Eighty-five percent (48 cases) of the blindness within the group was caused by retrolental fibroplasia (RLF), the result of over-oxygenation of premature newborn infants, which was the main cause of blindness among newborns in this country between 1942 and 1955. Other etiologic conditions were congenital optic atrophy, congenital cataracts, retinoblastoma, and congenital absence of retinal receptors. Two-thirds of the group had either no vision or light perception only, and the rest had partial sight but were legally blind.

Retrolental fibroplasia existed far more often in children who had had very low birth weights and consequently had had to remain for many weeks in incubators. Over half of the 43 children with this condition on whom we had original birth information weighed less than 1,360 grams (about 3 pounds) at birth, and 88 percent were kept in the hospital for

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"Human beings have a marvelous capacity for adjusting to a major handicap."

6 weeks or longer. Twenty-five percent were in the nursery for longer than 10 weeks.

Most of this group have caught up with the height and weight norms of their ages; but the lighest prematures have tended to remain small for their ages.

As in other studies of premature births, a much higher incidence of other physical handicaps has been found in these children than is usually found in children with normal birth histories. Those of greatest psychoneurological significance are central nervous system disorders, such as seizures or cerebral palsy, which are found in 17 percent of those who weighed under 1,500 grams at birth.

Intellectual functioning

The group's present intellectual functioning ranges from 45 to 160 on the scale of Hayes-Binet IQ scores. Four children are unable to be tested with any degree of reliability and five are in institutions for the mentally retarded. Of the remaining 48 children for whom we have recent intelligence test data, 18 score below 80 and 12 of those below 70. Twenty-four score between 80 and 120, and 6 above 120. The median score in the group is 93. The distribution is skewed toward the lower end, but there is also a slight piling up of scores at the high end.

The relationship between apparent mental retardation and the degree of vision and prematurity is particularly significant. Fourteen of 27 children, or about 50 percent, who are totally blind or have only light perception and who weighed under 1,500 grams at birth have IQ's below 70, whereas about 25 percent of blind prematures with a higher birth weight have such low IQ's. Two out of six cases (33 percent) of partly sighted children who weighed under 1,500 grams at birth have IQ's below 70. None of the full-term children in our sample are so impaired.

An analysis of the five verbal subtests of the Wechsler Intelligence Scale for Children (WISC) indicates that the average performance on each of the subtests is fairly even, except for "comprehension." The mean for each of the subtests is significantly higher than the mean for "comprehension." This difference holds for all children, both above and below the average IQ of 95. Also significant is the fact that the average-scaled score for "digit memory" is significantly higher in the group with below-average IQ's than the average of each of the other subtests.

According to the logic of the construction of the WISC, there should be no significant mean differences among the subtests. The lower scaled scores for "comprehension" could be due to a lack of social experience, to reduced applicability of the test problems, or to a reduction in abstract capacity of the children. The higher scores on "digit memory" among the below-average group could be the result of excessive emphasis which parents and teachers often place on verbal recall when the blind child displays few other intellectual accomplishments. The measures of intellectual level generally agree with ratings of school performance and therefore appear to reflect the adequacy of personality functioning and adjustment, as well as intelligence *per se*.

The investigators found the WISC verbal scale to be a very good equivalent of the Hayes-Binet as an intelligence test for blind children. The correlation between the two sets of IQ's obtained on the tests is 0.95—very close to the reliability of either test.

A high incidence of abnormalities was reported in a study of the electroencephalographic (EEG) findings of 28 children with RLF.[2] It is speculated, therefore, that a major correlate of behavioral retardation in these children is neurological abnormality.

The EEG abnormalities were located principally in the occipital lobes, but were often found in more

anterior regions as well. Only one case exhibited sharply localized occipital abnormalities and produced an otherwise normal record. The prevalence of generalized high amplitude slow waves is consistent with the hypothesis of rather diffuse cortical damage. Twenty-one children showed spikes in the EEG, but only seven had epilepsy. It would thus seem that whatever brain abnormalities were present had more subtle effects on behavior, generally, than the production of gross seizures.

Two children with epilepsy were also spastic and four others were affected with a variety of cerebral palsy. Two children showed clinical and electroencephalographic evidence of generalized brain impairment in agreement with behavioral observations. One child had a mild neuromuscular deficiency because of poliomyelitis; four other cases showed mild neurological signs, either in exaggerated reflexes or weakness and flaccidity of certain muscle groups.[1]

General findings

A consideration of all of the factors with which the study was concerned—from social case histories, medical histories, parents' interviews, and neurological, psychological, and electroencephalographic examinations—leads us to the tentative conclusion that the majority of the children in the study who did not measure up to normal intelligence, and who consequently were not making a satisfactory educational adjustment, were children handicapped by generalized physiological impairments. Only in a minority of cases could we rule out physical factors and place the responsibility for poor development on an emotional basis. But it is difficult to tell what comes first. The parents of an organically impaired child may create emotional problems which obstruct the child's ability to compensate for his handicap.

The "constitution" of the child, for want of a better term, seemed to be the deciding factor in the outcome, if the basic neurological structures were intact. Behavior problems resulted in children who had had a traumatic upbringing, but in such cases we did not see behavior which simulated physical disability. On the other hand, brain impairment often resulted in low intellectual levels and inadequate adjustment even in families where all other factors were optimal.

We found no convincing evidence that prematurity coupled with oxygenation or blindness itself has resulted in a greater amount of brain damage than might have resulted from the same degree of prematurity itself and the prenatal conditions or possible trauma which contributed to prematurity. However, blindness, especially from birth, so limits the ordinary information flow available to the person that, in the absence of compensatory experiences, the child is not likely to reach the same functional level as he might have done with normal vision.

We have seen children with gross multiple handicaps make good academic progress and develop apparently normal personalities without serious emotional problems. Others either lacked within themselves the motivation and ability, or were too damaged by parental rejection and lack of opportunity for healthy growth.

Some observations

The neuropsychological effects of visual deprivation may be due to impairments in any of three levels of functioning, or to a combination.

The first level is the organic. Impairment here may be due to damage of the brain by events similar to those causing blindness, such as those associated with a very light birth weight or severe illness. It may also be due to the reduction of neural impulses originating in the optic nerves and normally stimulating the brain at many levels. Generalized neurological impairments may limit general intelligence, and resulting learning and perceptual disabilities, with an overlay of emotional instability, may require unique educational procedures. The diagnostic team approach—as undertaken by the psychologist, the pediatric neurologist, the ophthalmologist, and the social worker, and aimed at understanding all the factors in the child's adjustment—is essential for the development of sound recommendations to educational specialists and parents about what the child can achieve through what approaches.

As yet we do not know how the deprivation of sight directly affects the child through changes in the brain's information handling capabilities—whether it is through the biological effects of a low number

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of impulses coming into the cortex, or through the effects of experiential limitations, or as a deleterious overlay of emotional deprivation.

The second level of impairment may be in perceptual integration, due to the direct psychological effect of the absence of visual input, from which most information about environment is normally received.

Vision is the dominant system for perceptual integration. While blind children appear to be highly sensitive to the attitudes of their parents, they tend to be less able to get independent confirmation of the appropriateness of their attitudes from those outside the close family. Blind children usually have endured some degree of social isolation and this, coupled with dependence on verbalization of experience as a substitute for visual integration and the inadequacy of perceptual data for intersensory confirmation of the environment, may lead to emotional problems and inadequate intellectual functioning. The psychological consequences of limitations in perceptual and learning experience when interacting with the consequences of minimal brain damage can produce severe intellectual retardation. However, if the child is able to compensate for his lack of sight by utilizing his other senses, and has experienced healthy emotional relationships, he may achieve a normal adjustment and a normal or even high level of intellectual productivity, despite complicated handicaps.

The third level of impairment is in emotional functioning, and is the secondary effect of the unfavorable reactions from others, especially from the parents, to the visual handicap. This leads to distortions of normal social relationships.

When a mother brings home a blind infant—especially after weeks of initial separation from him because of his need for continued hospital care—she may have difficulty feeling the normal joy and pride in her newborn. Too often she is made to feel the pain and even the "curse" of having a handicapped child, by the expressions of sympathy or embarrassed false cheerfulness of friends and neighbors. Fortunately, many parents of blind children do establish a sound relationship with the baby and learn to love him and enjoy him despite his handicap and other people's reactions. But some parents feel a deep guilt which interferes with their ability to love the child. Others bear the burden of the child as a "cross," which brings them no closer to real love for the child.

Parental anxiety may result in either of the following damaging attitudes: perpetual overprotection; or expectation of more from the child than is realistic. Such attitudes, of course, affect the child's emotional growth, for one's self-concept is, to some extent, the internalization of the attitudes of others toward oneself.

Of course, as Allport [5] points out, it is necessary for the individual at some point to stop being a reflection of the opinions around him, and to form a self-concept based on his actual inner abilities, interests, and strivings. But, to achieve objectivity requires confirmation of all the senses that the self *is* an individual, separate, and, to some degree, independent of others. Since vision is the sense which inherently presents the outside world as external, it is instrumental in the natural development of ego differentiation. Fortunately, but sometimes with difficulty, the interaction of the remaining senses in a blind person permits the verification of externality and thus ego differentiation.

Some differences

Differences in the adjustment problems for the child born blind and the child who loses his sight even at an early age lie in both the social and the psychological spheres. Children blind from birth never have to adjust to blindness *per se*, and never have to accommodate to the loss of vision as do older children blinded by illness or accident. But the child who *becomes* blind realizes that he will never see again, and his feelings of hopelessness and despair may cause chronic anxiety and depression.

Blindness from birth may have less consequence for the child's own psychological self-concept, once formed, but children born blind tend to be more affected by other people's attitudes toward them.

Often a child may be educated as blind but have sufficient sight for easy travel and object recognition. We have concluded from our study that any degree of vision is a favorable factor for development, and, although we have not the supporting data, that the longer a blind child has had some vision the better. There is no evidence whatsoever that partial sight is a worse handicap than total blindness because of a conflict in whether the child behaves as a blind or sighted child. Each "blind" child with some vision who was questioned said that his vision was an advantage and in that way he was better off than his totally blind classmates. For the child who can see objects to be treated as blind may be an annoyance to him, but not a source of deep emotional conflict.

There is often less motivation for the partially

sighted child to learn to use many of the aids for the blind, since to some extent he could depend on vision. This is especially true of training in techniques with the cane for travel. The partially sighted person may learn to rely on his other senses more readily if he is blindfolded during training.

One child with partial vision found it easier to read Braille by sight than by touch. He never got to be a good Braille reader, but the problem was solved by placing him in a class for the partially sighted in which he used books with large type.

Partially sighted children who lose what little vision they have tend to regress in their development. On the other hand, when a child who has been blind from birth has his sight restored by removal of congenital cataracts, he tends to rely upon the more familiar auditory and tactile-kinesthetic cues for a long time. Gradually, as what he sees conforms to his perceptions from his other senses, his vision takes precedence.

Von Senden [6] reports the case of a girl who for a long time after vision was restored had to stop at the top of a flight of stairs and feel her way down with her eyes closed.

The perceptual distortions reported by many blind people after sight has been restored are mainly due to faulty spatial perception mediated by the nonvisual senses. One glance tells the seeing person all the spatial relationships of the objects around him. If this kind of spatial sense is ever achieved by the totally blind, it is by painstaking serial exploration and may never be accurate.

Persons blinded in later life continue to use visual imagery and tend to imagine the world in visual terms, even though the information they receive is from the other senses. Visual imagery retains its organizing function and objects that are located by touch are fitted into the world of visual memory.

The mental picture of the world given in nonvisual terms as it must be to the blind person is beyond the imagination of a seeing person, just as it is impossible to explain to a person who never saw what it is like to see. The words we use are the same, but the meanings are different.

We evaluate the adjustment of the blind to a seeing world. Good general intelligence is the key factor to a successful adjustment, but it may be impaired by emotional problems arising from unsatisfactory affectional relationships with parents and other people significant to the child.

A blind child with neurological impairments faces even greater difficulty, both in adjusting to the social world of human relationships and to the physical world, and in obtaining learning experiences from the environment. However, there is evidence that many children with mild neurological disorders in infancy and early childhood tend to compensate, so that by adolescence little or no evidence of the earlier disability remains. The proper emotional background for a child, enabling him to overcome an impairment and make a good life adjustment, may alleviate the problem; and a deprived emotional atmosphere may aggravate it.

Professional understanding, based on the teamwork of several professions, is necessary for diagnostic evaluation of each child. The many blind children who achieve a satisfactory adjustment and function at an outstanding level of achievement demonstrate the power within human beings to overcome severe physical and emotional handicaps.

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[1] Cohen, Jerome; Alfano, Joseph E.; Boshes, Louis D.; Palmgren, Carolyn: Clinical evaluation of school-age children with retrolental fibroplasia. *American Journal of Ophthalmology,* January 1964.

[2] Cohen, J.; Boshes, L. D.; Snider, R. S.: Electroencephalographic changes following retrolental fibroplasia. *Electroencephalography and Clinical Neurophysiology,* December 1961.

[3] Norris, Miriam; Spaulding, Patricia J.; Brodie, Fern H.: Blindness in children. University of Chicago Press, Chicago, Ill. 1957.

[4] Norris, Miriam: What affects blind children's development. *Children,* July–August 1956.

[5] Allport, Gordon W.: Becoming: basic considerations for a psychology of personality. Yale University Press, New Haven, Conn. 1955.

[6] Von Senden, M.: Space and sight. The Free Press, Glencoe, Ill. 1960.

a report from Korea . . .

CHANGES IN SERVICES TO CHILDREN

HELEN R. TIESZEN

In the 10 years since the close of the Korean war, an accelerating trend toward the use of orphanages for the care of children has caused grave concern among many persons involved in efforts to improve the welfare of children in South Korea. According to government figures, 535 abandoned children entered orphanages in 1955; 8,751, in 1964. In these years, orphanages have been the major and sometimes the only means of caring for orphaned and abandoned children.

Now, however, there is encouraging evidence that the trend may be reversed in the next 10 years. Government and private Korean agencies and international service agencies working in Korea are initiating and expanding services to families and children through family planning projects, day-care centers, family counseling programs, better education for social workers, and adoption and foster-care programs.

The orphanages

Before the Korean war, Korea had few orphanages. By tradition, relatives cared for orphaned children. Parents too poor to bring up a newborn child might leave their baby at the gate of a rich man's house where he would be taken in as a gift from heaven and brought up as a son or daughter of the household. The war, of course, disrupted many families and made many orphans. Its close, however, had no effect on the steadily increasing number of children entering the orphanages.

Though relatives still care for many orphaned children, economic conditions are so hard for many Koreans that an orphaned child often represents an unwelcomed extra burden. The few rich families cannot take in all the unwanted babies. Therefore, the orphanages have increasingly become depositories for orphaned or abandoned children.

The policies of both international and Korean agencies in supporting orphanages in lieu of other services have indirectly encouraged some parents to abandon children. In most cases, child abandonment reflects not irresponsibility, but real need on the part of the family for financial assistance and family counseling. Because family services are rare and orphanages are plentiful, indigent parents, to get help at all, have had no choice but to take their child to an orphanage. They are only seeking what most parents want for their children—the satisfaction of the child's basic needs in physical care and education.

The city of Taegu, with a population of 760,000, provides an example of what concentrating attention on orphanages has meant. It contains 51 orphanages and homes for babies, housing 6,886 children; and only 2 agencies which provide family casework services, serving 140 families with 665 children.

The directors of most orphanages are sincere, well-meaning men and women, but most of them lack professional training.[1] Furthermore, orphanages are generally crowded and understaffed; a housemother may care for as many as 30 to 40 children, seldom less than 15. Several of these institutions do outstanding work, but they cannot duplicate the human relationships of the natural family group. Both government and voluntary agencies, concerned about the quality of care given children in orphanages, have established standards for care and have instituted in-service training programs for staff members.

A few years ago, the Korean Government, concerned about the increasing number of children growing up in orphanages, ordered the institutions to send home those children whose immediate relatives were known. As a result, some children have been reunited with their natural families. However, because basic problems have not been solved, for want of financial assistance or trained workers to provide family counseling, many of these children have later returned to the institutions.

At the same time, the Government initiated programs for adoption and foster family care for children with no known relatives to go to, but these programs thus far have not become extensive. According to official estimates, of the more than 11,000 children abandoned in 1964, only 208 were placed in foster homes.

Family planning

Among the new methods holding promise for alleviating the acute family problems which result in child abandonment, the present Government places strong emphasis on family plan-

ning. This is a reversal of a previous government position, since programs for family planning were illegal under President Syngman Rhee. In 1962, the present Government inaugurated a 10-year plan with the goal of reducing the birth rate by 2 percent by 1971. The reason for this plan is evident. Korea has made significant economic progress since the end of the Korean war, but not enough to pull ahead of the population growth. In 1962, for example, the economic growth of 2.6 percent was swallowed up by the population increase of 2.9 percent. A large proportion of the population—including most of the families of unskilled laborers—still live in great poverty.

The families of salaried workers—the bulk of the middle class—also suffer great hardship. Though their incomes are higher than the day laborer's, their aspirations for the education of their children, the care of their elderly, and the cleanliness and health of the family are correspondingly higher and are seriously threatened when there are large numbers of children.

Family planning, however, is contrary to the traditional culture pattern in Korea. Until very recently, the family was expected to have as many children, especially sons, as possible. Therefore, progress in family planning is not so rapid as might be desirable from the standpoint of population pressure.

Another promising trend for children in Korea is the initiation among a number of Korean agencies of family casework services. Although a few voluntary agencies have long provided financial support to children living in their own families, family service focusing on helping families find solutions to their problems was rare. Among the agencies which have recently started new programs in family self-help and family counseling are several which in the past directed their resources solely toward the support of orphans.

A few day-care centers have been in operation in Korea for sometime, but recently interest has markedly increased in what this type of service can contribute to child welfare, especially in families where both parents work. The Korean Red Cross has done effective work in starting day nurseries in rural areas during the harvest season. Some agencies are experimenting with converting orphanages into services such as day-care centers or day schools, in the hope of serving children and their families without cutting the child's ties with his natural family.

Until recently, Seoul has been the only locality in Korea with either a child guidance clinic or a rehabilitation center for handicapped children, both established in the last 10 years. Now, similar services are being established elsewhere by both government and private agencies.

All these efforts are spurred by a Central Child Welfare Committee, established by law in 1961. Made up of top professional people in social work, psychology, law, sociology, and related fields, this group acts as an advisory board to the Ministry of Health and Social Affairs in regard to such matters as child guidance, day care for children, and special programs for children.

New services

In the past, most of the social services have been provided through government agencies and international voluntary agencies. A recently organized multiservice agency, Korea Social Service (KSS), is a new step toward support from Koreans themselves. Though it has a tie-in with the international agencies, KSS has a Korean board, a professionally trained director who is a Korean, and growing support from the Korean people. Thus it represents a growing concern on the part of professionally trained Korean social workers to become responsible for social welfare programs in their own nation.

Another new service is the result of cooperation between the Government and the international service agencies in Korea, working through their association, the Korean Association of Voluntary Agencies (KAVA). KAVA, established to serve as a group voice and information clearinghouse, has in general not been an action group, though it has sponsored two surveys, one of handicapped children (1961) and the other of grownup orphans (1965). Recently, however, several KAVA agencies and the Ministry of Health and Social Affairs worked together on a project which resulted in the establishment by the Government and international voluntary agencies of the Family and Children Social Work Center in Yichon Dong, an extremely depressed area along the Han River in Seoul. A group of social workers from KAVA studied the area in general and surveyed the needs of families living there before the center was established.

A Korean social worker visits a family in the Yichon Dong area of Seoul in a new program to help families care for their children at home.

The center's services are open to anyone living in Yichon Dong. In June 1965, 186 families were receiving its aid. Because several KAVA agencies are cooperating in its operation, many kinds of services are available to it, including emergency feeding, medical assistance, family sponsorship, casework services, and help with housing. Thus, the center's aim is to help the families work out solutions to their problems in ways that are best suited to their needs and resources. Though the families in Yichon Dong are still very poor, no children from the area have been abandoned since the program started its operation. The whole aspect of the community has changed; there is an air of hope among the inhabitants.

Another new service, established under international agency auspices, is ECLAIR (Eurasian Children Living as Indigenous Residents). Many Eurasian children, fathered by foreign troops stationed in Korea, are adopted outside Korea, but many will never be adopted. The Eurasian child, especially if born out of wedlock, has not been generally accepted as a member of Korean society. ECLAIR aims to achieve the full integration of all children of mixed blood in the public schools and in society at large. ECLAIR has recently been taken over by Child Placement Service, a semigovernment agency.

Staff development

Several schools of social work have been established since the war. Most of them are staffed by professionally trained instructors and offer good courses in undergraduate study. They train nearly 100 persons a year for social service. However, only Seoul National University offers a graduate school of social work, and it produces only one professional social worker every 2 years.

In August 1965, the central government, in connection with KAVA and the Economic Commission for Asia and the Far East sponsored a 4-day workshop on social work education. The workshop developed recommendations to the Government in five areas: (1) needs and problems, (2) professional education, (3) inservice training, (4) administration, and (5) community organization and development.

Korea is an area of rapid change brought about by the dividing of the country, the Korean war, industrialization, and the impact of Western civilization on its Eastern culture. Some old traditions still provide stability, but new problems arising from rapid change and the incompatibility between old and new ideas have contributed to social breakdown. The growth of orphanages has been a product of this social change. While it has largely dominated the efforts to serve the child victims of social breakdown for the past 10 years, the new trends among both government and voluntary agencies hold promise for more effective prevention and treatment in the future.

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[1]Alvernaz, Rose; Tieszen, Helen: Technical assistance for child welfare in Korea. *Children*, July–August 1958.

Helen R. Tieszen, consultant on child care training for the Mennonite Central Committee, has been in Korea almost continuously since 1955, except for 2 years when she was on the staff of the Child Welfare Research Station, State University of Iowa.

Guides and Reports

TRENDS IN THE STUDY OF MORBIDITY AND MORTALITY. Public Health Papers No. 27. World Health Organization, Geneva. International Documents Service, Columbia University Press, 2960 Broadway, New York, 10027. 1965. 196 pp. $2.75.

The 10 papers in this collection discuss the need for statistics on morbidity and mortality, problems in obtaining them, and the methods being followed in developed and developing countries.

HOW TO BRING UP YOUR CHILD WITHOUT PREJUDICE. Margaret B. Young. Public Affairs Committee, 381 Park Avenue South, New York, 10016. Public Affairs Pamphlet No. 373. 1965. 20 pp. 25 cents. Discounts on quantity orders.

Focuses on parents' responsibility to help their children understand the complexities of human relations in a multiracial society, and to encourage, through example, respect for human dignity and an appreciation for differences in human beings.

PROTECTING THE CHILD VICTIM OF SEX CRIMES. Vincent De Francis. Children's Division, The American Humane Association, Post Office Box 1266, Denver, Colo., 80201. 1965. 13 pp. 35 cents.

Describes community responsibility for providing supportive, protective, and casework services to child victims of sex crimes and their families, intended to protect children from exposure to such crimes as well as to minimize the traumatic effects of the crime and of the legal procedures that follow.

AN EVALUATION SCALE FOR FOUR- AND FIVE-YEAR-OLD CHILDREN. Annie L. Butler. Bureau of Educational Studies and Testing, School of Education, Indiana University, Bloomington. *Bulletin of the School of Education*, March 1965. 52 pp. $1.25 (25–49 copies, 10 percent discount; 50 or more, 20 percent).

A report of the development and testing among nursery school and kindergarten teachers of an instrument for evaluating the maturity levels and abilities of children in a preschool class.

COUNSELING PARENTS OF MENTALLY RETARDED CHILDREN. Thomas C. Campanelle. The Bruce Publishing Co., 400 North Broadway, Milwaukee, Wis., 53201. 1965. 58 pp. 75 cents.

A brief guide for professional persons who deal with parents of mentally retarded children.

an essay review . . .

ASSESSMENT OF CHILDHOOD DEVELOPMENT

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Since the publication of "The Ego and the Mechanisms of Defense" in 1946,[1] Anna Freud's work has had a profound effect on the professions primarily concerned with the care, health, education, and welfare of children. Her latest work, "Normality and Pathology in Childhood,"* is an intriguing synthesis and extension of her ever-keener insight and maturing conceptualization of the intervening 20 years. In a field where the complexity of the subject is compounded by the obscurity and ambiguity of its technical vocabulary, Miss Freud has a genius for succinctness and lucidity. "Normality and Pathology in Childhood" can only add to her pervasive influence in the fields of infant care, toddler training, educational planning, well-baby and hospital intervention, social work programs, psychotherapy, and psychiatry.

The range of Miss Freud's contributions in this text should excite and interest a wide audience. The point of departure, however, may disappoint the extremists among clinicians, theoreticians, pediatricians, parents, educators, and specialists in child development, for Miss Freud readily acknowledges how little we know as yet of either normal or pathological development. She leans backward, for example, to emphasize the point that the child does not live by analysis alone.

In fact, Miss Freud sees psychoanalytic treatment of the child as a very serious intervention which must be definitively justified before it is undertaken. She discusses the limitations of conventional, descriptive psychiatric classification, which describes childhood emotional difficulties in the same terms as those used for adults. She points out that the "symptomatic behavior" of the child and that of the neurotic adult have vastly different significance, both developmentally and dynamically; that behavior which may be symptomatic of pathology in an adult may be an appropriate reaction in a child at his age and stage of development. Her discussion on this subject will provide justification for those educators, pediatricians, and parents who from extensive experience have realized the transient nature of many seemingly pathological symptoms.

Miss Freud's documentation of the nature of the child's early instinctual life, his perspective of the world, his dependency, and the limitations of his ego functions is important to assessment both of normality and of expected resistance and other problems in psychotherapeutic treatment. The clinician will also find particularly useful her discussion of the therapeutic problem presented by the highly dependent, often obsessive, child who turns to acting out as a response to the therapist's interpretation of his underlying difficulties.

Her discussion of regression, particularly of ego regression, can be criticized only for its brevity. She distinguishes between: (1) the normality of regression in the day-to-day experience and stress of the child; (2) regressions consequent to defensive impairment of the ego; (3) libidinal-instinctual regressions; and (4) the pathological significance of nonreversible regressions.

Miss Freud brings out a significant change in her view of the nature of the "transference" in child treatment. The child's dependence on adults who play a significant part in his daily life clearly affects the child's relation with a therapist. This type of transference is to be expected. But Miss Freud now also believes that the child will transfer particular attitudes and expectations to the therapist which reveal the child's fixations and psychopathology. This, she makes clear, is quite different from the transference neurosis which the adult develops during psychoanalytic treatment.

Miss Freud's observation that aggressive energy can be bound, neutralized, or fused with other drives may elicit more controversy than consensus. She seems to use the term more clinically than metapsychologically. However, many clinicians, especially those who work with delinquent children and children with impulse disorders, will appreciate her conceptions of how anger and hatred can be "neutralized" by the growth of libidinal and affective ties; that is, how aggression can become fused and mitigated through the affectional ties to parents and therapist. Her comments suggest an extension of the drive concept, in which libidinal and aggressive wishes and feelings normally are linked with objects, especially with parents, for whom the child usually willingly inhibits his aggression.

Developmental lines

Miss Freud is right, we believe, in her conservative conclusion that we know too little about the vast combinations and permutations which go into making personalities which we may type as "normal."

In assessing the deviations and pa-

*Freud, Anna: Normality and Pathology in Childhood: Assessments of Development. International Universities Press, New York. 1965. 273 pp. $5.

thology of childhood, clinicians are aware that the emergence of patterns of behavior which are persistent or regressive may signify that a psychopathogenic process is taking place. To assess this process, Miss Freud offers her concept of "developmental lines" as a frame of reference against which particular behavioral manifestations may be evaluated for their maturational progression, fixation, or regression. We suggest that developmental lines are in a sense "culture free" since they are not based on norms which reflect the influence of particular regional or ethnic child-care practices but have to do with the developmental progression of all children—from sucking to eating, from wetting and soiling to bladder and bowel control, from egocentricity to companionship, and so forth.

The clinical usefulness of Miss Freud's concept of developmental lines lies in the assessment of the normality of progressive development and of special problems and regression in a variety of such lines, which are then available for comparison or contrast. Her assessments also improve the clinician's ability to assess a child's drive endowment and development, his ego skills and autonomy, and the nature and strength of his conscience.

Thus, the adequacy of a child's development, if not the "normality" of it, may be differentially assessed from the consistencies and interrelationships of the child's "lines of development." Yet deviations between the lines are not necessarily definitive for the judgment of pathology. Rather, the type of failure of development of the particular child and the degree of deviation between the lines of development are clinically suggestive and determine the need for intervention. For example, preconscious ego skills leading to an advanced line of development may be accompanied by distortions in lines of development related to a degree of dependency requiring correction.

In Miss Freud's view, the purpose of child analysis is *not* the resolution of the infantile neurosis but intervention to free the child for maturational progress. Clearly, later stages of personality development and increases in capacities are partly a function of the maturational process. Even when there have been some interruptions or failures in lines of development, the innate pressure for growth may provide healthy solutions to problems that could not be resolved at an earlier stage. Calling this "growing out of it," however, is misleading oversimplification.

Timeliness

The publication of this book in the United States at this time is particularly appropriate, since many parents and professional workers here have assimilated enough of the psychoanalytic concepts to be sophisticated in their use but do not have them balanced off by the conservative experience of analysis to protect them from overinterpretation and pseudoanalytic thinking. This has sometimes interfered with effective use of developmental assessments in diagnosis and treatment. In this work, Anna Freud continues an emphasis too frequently overlooked by the incompletely informed diagnostician. For example, she repeatedly stresses the contribution of the child's constitutional endowment to his responses and adaptation to life.

We are, however, somewhat surprised to learn of her readiness to accept the capability of psychometrics to assess intellectual capacity. We note that analytic work has clearly indicated that ego restrictions and ego inhibitions are *not* always assessable by psychometric means, since the discovery of such processes are frequently obtained only by intensive treatment itself. We are also aware that contemporary research on the patterns of IQ variability indicates that we must be careful in the use or interpretaton of IQ scores. Properly used, however, psychometrics remain a useful clinical and research tool.

The timeliness of Miss Freud's latest work is particularly apparent to those of us who are presently concerned with programs of child care and research in connection with culturally disadvantaged, impoverished, pseudoretarded children. The results of such deprivation include a high incidence of severe learning disturbances, impulse disorders, frustration problems, sadomasochistic character disorders, and asocial and antisocial behavior bordering on the psychopathic. Study of such children reveals problems closely paralleling Miss Freud's observations:

> . . . children are referred to the clinics as failures in school, in spite of their good intelligence. In the usual diagnostic examination it is not easy to pinpoint the specific steps in id-ego interaction which they have failed to achieve, unless we look into them for the prerequisites of the right attitude to work such as control and modification of pregenital drive components; functioning according to the reality principle; and pleasure in ultimate results of activity. Sometimes all of these, sometimes one or the other are lacking. . . .
>
> . . . That *failure in higher ego development* . . . results in faulty socialization is borne out by the large number of delinquents and criminals who, on psychological examination, are found to be of primitive, infantile mentality, retarded, deficient, defective, with low intelligence quotients. That *dissociality and criminality* on the part *of the parents* are incorporated into the child's superego by means of normal identification with them has been stressed. . . .
>
> *Intellectually retarded* children usually suffer acutely from their archaic fears. Due to the immaturity of their ego functions, they lack orientation in and mastery of the inner and outer world alike, and the very intensity of anxiety in turn prevents further ego growth. . . .

Social policies concerned with retardation, poverty, and delinquency have sometimes been based more on clinical and intuitive insight than on well-documented scientific data. Our methods of attacking these problems are complicated by a lack of understanding of either the gross social problem or of the subtle problems of the individuals involved. We must even struggle with professionally inherited conceptual ambiguities (which we perpetuate). We are faced not only with limited and often questionable social and psychological data, but also with disparities in our scientific theories of normal and pathological development.

In this connection, Miss Freud's contributions have immediate and practical applicability. Her diagnostic profile affords us an opportunity for appraising the culturally disadvantaged child more realistically in terms of his milieu and the extreme stresses with which he lives.

We are sure she would share our interest in learning what is normal and what is pathological in the children of the culturally disadvantaged, as well as our deep concern about the persistence of social conditions which induce pathology in children.

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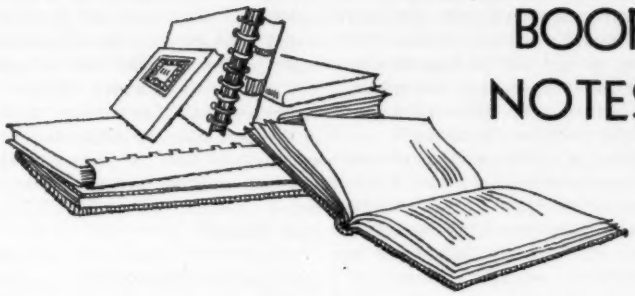
[1] Freud, Anna: The ego and the mechanisms of defense. International Universities Press, New York. 1946. (Written in 1936.)



BOOK NOTES

FAMILY. Margaret Mead and Ken Heyman. The Macmillan Co., New York. 1965. 208 pp. $10.

The collaboration of anthropologist Margaret Mead and photographer Ken Heyman began with their association as teacher and student at Columbia University. Dr. Mead's contribution to this book includes essays on mothers, fathers, families, brothers and sisters, grandparents, the child alone, friends, and adolescents; Mr. Heyman illustrates each essay with photographs of people in aspects of these roles, taken in 45 countries over a 7-year period.

The theme throughout both the essays and photographs is the relatedness of man. Most of the photographs bring out characteristics human beings have in common regardless of differences in color, costume, or custom.

The essays also stress the forces at work for change and their meaning for people in the modern world. In her essay on mothers, for instance, Dr. Mead points out that although the process of civilization "has lightened the woman's physical load," it has in many ways "made motherhood a harder rather than an easier task." A mother, she points out, may find it necessary to put her child into the hands of strangers while she is at work, but she must still love her child unconditionally.

In another essay, Dr. Mead maintains that the grandparents of today are equipped to prepare their grandchildren for innovation and change, a new role which "enables contemporary grandparents to carry out their age-old function of teaching their grandchildren how the whole of life is lived to its conclusion—in the past by running exactly the same course that one's father had run, and today by a readiness to run each day, each week, each year a new and untried course."

Of brothers and sisters, she says: ". . . in the modern world, where relatives are scattered and each family lives alone within its own four walls, what one's actual brothers and sisters are like may shape the whole of one's life."

Adolescents she finds in "a surging revolution" to find a "new place in a new kind of world," but warns against pressures that would force them into premature adulthood. Only when young people are given time "to glimpse a wider horizon, a visionary gleam," she maintains, do civilizations leap ahead.

THREE THEORIES OF CHILD DEVELOPMENT: the contributions of Erik H. Erikson, Jean Piaget, and Robert R. Sears, and their applications. Henry W. Maier. Harper & Row, New York. 1965. 314 pp. $6.75.

In his book, Dr. Maier, a professor of social work at the University of Washington, sets three modern theories of child development side by side: Erik H. Erikson's analysis of emotional development, Jean Piaget's explorations of cognitive development, and Robert R. Sears' experimentations with stimulus-response behavior patterns. He summarizes each theory, analyzes their similarities and differences, and discusses the application of each to the helping professions (which he defines at length in a separate chapter). In doing so, Dr. Maier brings a single perspective to these theories of the emotional, intellectual, and social behavior of the child for the use of men and women in the helping professions.

According to Dr. Maier, although each theory has a dynamic system of its own, each supplements the other two. Each explains the origin of human behavior from a different viewpoint, but all three concentrate on behavior as it unfolds. Piaget and Sears, for instance, deal much less with adulthood than Erikson, and only Erikson considers sex differences as an essential variable. Differences in terminology, Dr. Maier says, are troublesome; the differences, however, can be partly reconciled by considering the intent of the theorists rather than definitions.

In his chapter on the helping professions, Dr. Maier describes the "helping process" as bringing together diagnosis and treatment, observation and relationship, and empathy and rational judgment to enable a "client"—a child with a problem he cannot solve himself—to alter personal conditions. Efforts to help must be aimed at the development process, not at behavior as such.

". . . Therapeutic intervention," says Dr. Maier, ". . . must take into account the phase typically normal of the child's age range, on the one hand, and, on the other, the aspects of other developmental phases that are actually operating in the evolvement of the child's personality."

For these reasons, he suggests, an understanding of the three theories and their complementary nature can be very useful to men and women in the helping professions, whether they be teachers, nurses, policemen, clergymen, social workers, physicians, or psychologists.

The book carries a bibliography of general references on human development and its implications for child rearing and guidance, a list of "Further Readings," and an appendix of the complete works of Erikson, Piaget, and Sears.

GIRLS AT VOCATIONAL HIGH: an experiment in social work intervention. Henry J. Meyer, Edgar F. Borgatta, and Wyatt C. Jones. Foreword by Leonard S. Cottrell, Jr. Russell Sage Foundation, New York. 1965. 225 pp. $5.

This is a report of a 6-year experimental program at a vocational high school in New York City which was aimed at "interrupting deviant careers." The program studied 400 girls identified as having "potential problems." Half, selected at random, served as a control group. The others were referred to the Youth Consulta-

tion Service, a voluntary social agency, which attempted to work with them through individual casework or group therapy. The report follows the girls through their high school careers and evaluates their growth toward responsibility as judged by such criteria as staying in school, getting satisfactory grades, and being regarded by teachers and counselors as showing adequate behavior and work characteristics.

Conclusions, the authors say, are not encouraging. They found that most of the girls selected were in need of treatment but that many did not become significantly involved in the treatment provided. Group work, they found, was somewhat more effective than casework in securing the girls' interest. (Attendance, for instance, was better at group meetings than at individual sessions.) Overall, however, they concluded that the social work services provided were largely ineffective since, according to the criteria used, treatment and control groups were doing about equally well at the end of the 3-year period of study.

The girls showed great stability in attitudes and personality during the experiment. The authors conclude: "Since the intervention utilized in this project gave more intensive personal attention than is usually provided for such girls, we are lead to suggest that attention to interpersonal and status systems, rather than personality systems, might be more promising."

Mr. Meyer is professor, Department of Sociology and School of Social Work, University of Michigan; Mr. Borgatta is chairman, Department of Sociology, University of Wisconsin; Mr. Jones is senior research scientist, School of Social Work, Columbia University.

SEARCH FOR THEIR FUTURE: our retarded children. John and Dorothy Gayeski, in collaboration with Alvena Burnite. The Bruce Publishing Co., Milwaukee, Wis. 1965. 113 pp. $2.75.

The knowledge and experience of the parents of two retarded children and a social worker are combined in this book. Mr. and Mrs. Gayeski describe their efforts to find a suitable training program for their own children and then to work for greater understanding of the needs of all retarded children. At the end of each chapter, Mrs. Burnite, a social worker, comments on their experiences and points up the meaning for social workers and representatives of other professions who have a responsibility to help retarded children and their families. The authors' final plea is for expansion of public and private resources to meet the needs of retarded children, and for increased and coordinated voluntary and official efforts in their behalf.

CHILD DEVELOPMENT: the emerging self. Don C. Dinkmeyer. Prentice-Hall, Englewood Cliffs, N.J. 1965. 434 pp. $9.25.

In this text by the chairman of the psychology department of the National College of Education, Evanston, Ill., the author emphasizes both the internal growth forces and the external adjustment processes that are related to a child's "emerging self," and their interrelatedness. In presenting what he calls "an overview of the entire field of child development," he describes briefly the techniques of child study and various theories of physical, social, intellectual, emotional, and personality development.

IN THE JOURNALS

Negro family life

Three major patterns of family life—patriarchal, equalitarian, and matriarchal—have developed from six social transitions in the history of the American Negro family, according to Andrew Billingsley and Amy Tate Billingsley in the September 1965 issue of the quarterly *Social Service Review*. ("Negro Family Life in America.") The six social transitions referred to by the authors are movement from Africa to America (by force), from slavery to emancipation, from rural to urban life, from the South to the North and West, from negative to positive social status, and from negative to positive self-image.

The patriarchal family, dominated by the father, is usually the elite of the Negro community, according to the authors, who describe this type as stable and often ultraconservative. The equalitarian family in which both parents share the responsibility for child care and family life is more typical of the middle class, they assert, pointing out that if the father loses employment and so his status, the family structure may change into a matriarchal one.

The matriarchal family, in which there is either no father, a series of fathers, or a weak permanent father, is in the minority among Negroes as it is among other American ethnic groups, but is more prevalent among Negroes than among other groups, the authors maintain, adding that in this type of family the greatest amount of deviant social behavior occurs.

"Efforts to strengthen family life among Negroes seem most fruitful," the authors say in conclusion, "if they are directed at eliminating the source of both the stigma of class and the stigma of caste."

Successive generations of Negroes, they maintain, must have the opportunity to become socialized under new conditions.

Finding foster homes

Recruiting foster family homes in a community is difficult but not impossible, says Eudice Glassberg in the October 1965 issue of *Child Welfare*. ("Are Foster Homes Hard to Find?") It may be necessary to revise some traditional methods of providing foster care, however, she adds, if foster homes are to be found. The director of the Foster Home Educational Program (FHEP), Health and Welfare Council of Philadelphia, Pa., Mrs. Glassberg describes the methods used by FHEP to find foster homes for "floating children" (children with no adults responsible for

them), and some of the early results.

According to the author, FHEP used every type of mass communication media in the area and distributed brochures through churches, social agencies, and civic organizations to make the community aware of the need for foster homes. It also used 50 volunteers to telephone especially selected "potential" foster families.

The response was wide, Mrs. Glassberg reports, but in many cases families who made application later withdrew. Many did so, she says, because "they could not accept the idea of only temporary placement." In other cases, the family decided it did not have enough income unless the mother continued to work. Some women offered to give up their jobs to care for children if they could get a like income from the agency.

Mrs. Glassberg maintains that agencies must consider making foster care a paying job. She says:

"When we are clearer about what we need in foster parents, and also clear that we have a right to look for and ask for these qualities—this right being legitimatized by our willingness to pay for these qualities—we shall then be able to direct recruiting efforts to more carefully selected groups. . . ."

Punishment and delinquency

Advocates of punishment as the solution of the problem of juvenile delinquency are threatening the protective philosophy of most State juvenile laws, according to Sydney Smith of the Division of Law and Psychiatry, Menninger Foundation, writing in the September 1965 issue of the quarterly *Federal Probation*. ("Delinquency and the Panacea of Punishment.")

While suggesting that the increase in referrals to juvenile courts calls for a reassessment of procedures for handling juvenile offenders, the author maintains that to regard punishment as a cure-all is an oversimplification of a complex problem. Those who do so, he suggests, are operating from one or more of six "false assumptions": all children are alike and can be treated alike; delinquency is an isolated phenomenon; the protective philosophy of juvenile courts has been proved inadequate; treatment costs too much; treatment merely condones delinquency; and punishment cures delinquency.

The advocates of punishment, the author suggests, may be punishing themselves, they may be ignorant or afraid of the modern world, or they may have emotional problems.

Also dismissing the sentimental view of those who make excuses for delinquent behavior, Dr. Smith pleads for scientific detachment in handling juvenile delinquents. Delinquency, he maintains, must be neither condemned nor excused, but treated dispassionately and professionally.

Home vision test

More children of preschool age can be reached at home for the testing of their vision than through direct services at public agencies. This is one of the conclusions reached by Roberta A. Savitz, M.D., Isabelle Valadian, M.D., and Robert B. Reed in a study of tests for screening the eyesight of young children reported in the October 1965 issue of the *American Journal of Public Health*. ("Vision Screening of Preschool Children at Home.")

The three authors studied 93 children who lived in public housing projects in the Boston area and who were clients of a child health center operated by Harvard University. They found that the mothers were cooperative and helpful and much more willing to have the testing conducted at home than to bring the children to the clinic.

The tests studied visual acuity, muscular balance, and eye dominance, but only the test for visual acuity proved really effective, the authors report.

Their study began with a look at the activities of the States for testing the eyes of children of preschool age. They found that, although interest is increasing, only a few States have such programs and that these are conducted through clinics and day-care centers.

Another conclusion the authors reached is that the public health service nurse is the person in the best position to test the eyes of children of preschool age, since she can include the test during a regular home visit.

Mother-child separation

The separation of mother and child may be beneficial in some cases, Richard H. Seiden contends in an article in the October 1965 issue of the quarterly *Social Work*. ("Salutary Effects of Maternal Separation.") A research scientist and lecturer in behavioral sciences at the University of California, Berkeley, he points out that research supports the view that separation is harmful unless there is no other alternative, as well as the view that separation under some circumstances can be beneficial. While law and tradition are against the separation of mother and child, he says, case histories prove that separation may sometimes be better for the child.

It is meaningless, Mr. Seiden maintains, to ask whether separation is good or bad. He is not asking for an "apology" for separation, he says, but for a careful definition of the term.

The author advises the social worker, before reaching a decision to separate a child and mother, to study thoroughly all aspects of the case, such as the quality of previous maternal care, the maturity of the mother, and the quality of substitute care to be provided.

Influence of grandparents

In an article on the influence of grandparents on grandchildren in the September 1965 issue of the semiannual *Family Process*, Marvin Hader, M.D., reports that some researchers believe the influence of grandparents on grandchildren to be negative, others believe it to be positive, but on the whole, the subject has been neglected. ("The Importance of Grandparents in Family Life.")

Early reports, Dr. Hader says, clearly indicate the possible influence of grandparents on the fantasies of their grandchildren. Some later reports emphasize the value of grandparents in interpersonal relations; while others emphasize the impact of broad cultural changes on the status of older members of the family.

Dr. Hader maintains that grandparents can have a unique and an important influence on the development of children and that the absence of their influence can be harmful.

"The elderly," according to Dr. Hader, "must be made to realize they have a role to play of great meaning and value in our society. They are unique among us in having to accept loss without anxiety as a matter of cultural tradition. . . ." If they accept the loss with grace, "what a gain," and when they can transmit the grace to the young, "what an advance."

HERE and THERE

International

As a result of the receipt of the Nobel Peace Prize for 1965, the United Nations Children's Fund (UNICEF) is establishing a "living memorial" to its first director, Maurice Pate, in the form of a revolving fund to train people in the developing countries in fields of service to children. The prize, 282,000 Swedish crowns, the equivalent of $54,500, was accepted by UNICEF's present executive director, Henry Richardson Labouisse, at a ceremony at the University of Oslo on December 10, 1965. It will form the nucleus of the revolving fund which will be augmented by the $5,000 contributions received by UNICEF in the name of Maurice Pate at the time of his death a year ago, and by whatever contributions donors wish to make to the agency for this purpose.

Accompanying Mr. Labouisse at the prize-giving ceremonies in Oslo were three other representatives of UNICEF: Mrs. Zena Harman, chairman of the executive board; Dr. Robert Debré, board member; and Mrs. Adelaide Sinclair, deputy executive director.

. . .

The world population increased at an annual rate of 1.9 percent during the period 1960–63, according to estimates of the Statistical Office of the United Nations. The greatest rate of annual increase occurred in Latin America, an estimated 2.9 percent; and the least in Europe, an estimated 0.9 percent. Estimated rates of annual population increases in other parts of the world during these years are: 2.5 percent in Africa; 2.4 percent in South Asia; 2.3 percent in Oceania; and 1.5 percent in North America.

The figures are included in the recently published United Nations Statistical Yearbook for 1964. Sixteenth in an annual series, the book also carries selected social statistics and economic and population statistics for individual countries. Included are illiteracy rates of persons 15 years of age and over, by sex; and statistics on educational facilities, communication media, and professional health manpower—physicians, dentists, midwives, and ratio of population to physicians. The book is available from the United Nations, Publishing Service, New York. (Price: $12.50 clothbound; $9 paperbound.)

Child abuse

Grants for four research and demonstration projects on child abuse have recently been awarded by the Children's Bureau. The projects will attempt to determine the causes of child abuse and what preventive steps might be taken on a national basis.

Totaling $226,345, the grants were awarded to:

• Brandeis University, $22,159, to investigate reported cases of child abuse in States where there are child abuse reporting statutes. This investigation will be the first phase of a four-part epidemiologic study of child abuse. The other phases will investigate cases of abused children known to the community but not reported under the statutes; use household surveys to find previously unknown cases; and study the effects of community measures to prevent child abuse and to treat families in which abuse occurs.

• The Juvenile Protective Association, Chicago, $97,120, to establish a protective services center providing a range of services for families in which children are neglected and abused. The services will include casework with the parents, day care for preschool children, a teaching homemaker, a foster mother, a pediatrician, and a tutor for children having difficulty with school work.

• The Research Center, University of Pennsylvania School of Social Work, $57,494, to study families after they have received protective services because of child neglect or abuse and try to determine the kinds of services most effective in reducing its recurrence.

• The School of Social Welfare, University of California, Berkeley, $49,572, to study child protective services through (1) a comparison of the personal and social characteristics of parents who abuse their children and those who do not, (2) the extent and kinds of protective services provided by public and voluntary child welfare agencies, and (3) the role of the social worker and others who work to prevent or correct conditions of neglect and abuse.

Crime and delinquency

In preparation for its report to the President, due in January 1967, the President's Commission on Law and the Administration of Justice has appointed four task forces, composed of experts in judicial, correctional, and law enforcement fields, to study and make recommendations in regard to the four areas mentioned by the President in his charge to the Commission: law enforcement; the administration of justice; the nature and cause of crime; and correction practices in the United States. The interim reports of the four task forces, which are to be submitted to the Commission in January 1966, will serve as baselines in the Commission's efforts to carry out the President's two-pronged charge: (1) to seek the causes of, and means of preventing, juvenile delinquency and crime and to study the adequacy of law enforcement and the administration of justice and factors that encourage respect for the law; and (2) to develop standards and make recommendations for action that can be taken at all levels of government and by private persons and organizations to "prevent, reduce, and control crime and increase respect for the law."

The Commission is composed of 18 members under the chairmanship of the Attorney General. They include law enforcement officers, present and

former public officials, Federal and State judges, lawyers, educators, and a newspaper publisher. Representatives of the Attorney General, the Secretary of the Treasury, the Secretary of Health, Education, and Welfare, and the Director of the Office of Economic Opportunity are working with the Commission as liaison officers.

Unmarried mothers

A recently completed study of 262 unmarried mothers who kept their first-born children, conducted by the Community Council of Greater New York, found that on the whole these women had received few social services either before or after their babies' birth, though they were badly needed. The women were first interviewed in 1962 at the time of their confinement—in 18 voluntary and 13 municipal hospitals—and were followed until their children were 18 months old.

The study also found that the fundamental problems these women were facing were, for the most part, those that confront all poor people—inadequate housing, insufficient education and training for other than the lowest paying jobs, lack of knowledge about where to turn for help.

The study grouped the women by age: under 17, 17–19, 20–24, and 25 and over.

The younger women nearly all lived with and were supported by their parents. Only about half of those under 17 years had returned to school after the birth of their child; very few went to work. Only a few under 17 years were married at the end of the 18 months, and these usually to the fathers of the children.

The older women, on the other hand, for the most part lived alone, with friends, or with the fathers of their children. A greater proportion of them than of the younger women under 17 years were married at the end of 18 months, and a greater proportion had gone to work or had sought public assistance. Most of them were hampered from holding jobs because of lack of day-care facilities for their children.

The report of the study concludes that agencies must reach out to help such women, possibly with totally new services. It suggests a multiservice facility to "provide within a single facility many of the services now fragmented through the community"—medical and legal assistance, family counseling, educational opportunities, and instruction in child care. Such a facility, it suggests, might be located in a community with a high incidence of births out of wedlock.

The study report, entitled "Experiences of the Unwed Mother as a Parent," was prepared by Mignon Sauber and Elaine Rubinstein, the director and the senior research associate in the Council's research department. Copies are available at $3.50 each from the Research Department, Community Council of Greater New York, 225 Park Avenue South, New York, 10003.

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Anticipated difficulties for 80 unmarried mothers who kept their babies had failed to materialize for many of them 3 to 4 years after their babies' birth, according to the findings of a recently completed study carried out under the auspices of the Children's Home Society of California, the Los Angeles County Bureau of Adoptions, and the California State Department of Social Welfare, with Federal funds from the Children's Bureau.

The study, undertaken as the basis of a doctoral dissertation by Barbara Hansen Costigan of the University of Southern California School of Social Work, is the second part of a three-part study on unmarried mothers. The first part, now completed, is a study of the differences between unmarried mothers who keep and those who relinquish their babies; and the third, still under way, is a study of 50 mothers who reversed plans to keep their babies.

The 80 mothers (including white, Negro, and "other" racial groups) were the only mothers available for an interview of the 290 mothers who had left an adoption agency in 1959 or 1960 with a decision to keep their babies. At the time of the study, information obtained on 186 of the 290 indicated that 136 still had their babies with them.

Among the 80 who were interviewed:

- More than half had married and two-thirds of these marriages seemed to the interviewer to be stable.
- Half were not suffering financial hardship (but 32 were judged to be "poor" or in "precarious" financial circumstances).
- None reported being cast off by all their former friends.
- Three-fifths (48) showed no evidence of "maladjustment."

Among the children:

- All but five had mothers who were taking major responsibility for their care.
- Half were growing up in homes with a father, stepfather, or "father figure."
- For a majority (52), child care seemed to be satisfactory.
- Only 10 had not been with their mothers continuously since birth.

The "life of mother and child" seemed to be satisfactory in 46 cases and "questionable" in 34. Mothers in the "satisfactory" group were heterogeneous as to age, ethnic background, educational level, and adjustment at the time of pregnancy.

In reporting on the study, Helen R. Wright, chairman of the study advisory committee, concludes that agencies are in error in assuming that only the exceptional unmarried mother can make a good life for herself and her child, and points to a need for followup services for unmarried mothers who choose to take their babies home.

The report, "80 Unmarried Mothers Who Kept Their Babies," is available from the California State Department of Social Welfare, 2415 First Avenue, Sacramento. (Price: $1.)

Maternal health

In an effort to protect unborn children from possible congenital anomalies, the Food and Drug Administration recently issued a regulation requiring the labeling of all nonprescription preparations containing the antihistamines meclizine, cyclizine, and chlorcyclizine with a warning against their use without medical advice by women who are pregnant or who might become pregnant. In doing so, the agency pointed out that while there is no proof as yet that these drugs may cause congenital abnormalities in human beings, they are known to have caused such abnormalities in test animals. FDA is continuing to study the effects of these drugs to determine whether additional protective steps should be taken, such as withdrawing the preparations with these drugs from over-the-counter distribution.

FDA has also issued a regulation requiring prescription preparations containing these three drugs to carry, in addition to a warning against use in

pregnancy, a statement that their effectiveness in preventing and treating nausea and vomiting in pregnancy has not been established. Unless substantial evidence of their effectiveness in this regard turns up within the next 2 years, the agency will at the end of this period require that even modified claims of effectiveness be dropped from the labels of such preparations.

According to the policy statement embodying these regulations, the administration of all drugs should be kept to a minimum during pregnancy.

Child health

As a move toward combating malnutrition in small children in the developing countries, the Agency for International Development (AID) and the U.S. Department of Agriculture have taken steps for the flour and cornmeal sent through the Food for Peace program to developing countries to be enriched with calcium, in addition to the vitamin B and iron added to these products in accordance with U.S. enrichment standards. Behind the action are AID estimates that 70 percent of the 667 million children under the age of 14 in the developing countries, where the consumption of dairy products is low, suffer the effects of an insufficient amount of calcium, an essential element in building children's bones and teeth.

The flour and cornmeal enrichment process will be carried out by the Department of Agriculture with funds provided by AID, estimated to amount to $1 million in the fiscal year 1966. The program is part of a food enrichment program which resulted from a study organized by AID, the Department of Agriculture, the Office of the Director of Food for Peace, and the Bureau of the Budget. Previous arrangements have provided for the fortification of all Food for Peace nonfat dry milk with 5,000 units of vitamin A and 500 units of vitamin D per 100 grams of milk.

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Suspected thyroid nodules have been found in school children in Washington County, Utah—an area of high radiation fallout in the 1950's—at approximately twice the rate they have been found in a control group of children in Safford, Ariz., according to a preliminary report of a current study of the possible effects of radiation from the nuclear tests conducted in the 1950's at the Nevada Test Site. (See CHILDREN, November–December 1965, p. 244.)

In the study, which is being carried out by the U.S. Public Health Service, the Utah State Department of Public Health, and the Arizona State Department of Health and Welfare, 2,000 children were examined in the Utah county, which is near the Nevada Test Site, and 1,400 children in the more distant Arizona control area. Thyroid nodules were suspected, by one or more of the three physicians who examined each child, in 70 of the Utah children and in 25 of the Arizona children. These children were subsequently reexamined by a team of three medical authorities on thyroid glands. Family physicians, parents, and health authorities were then advised when further diagnostic steps were deemed necessary.

In reporting these preliminary findings, the U.S. Public Health Service has warned against drawing conclusions from them before further studies are made. In addition to further studies on the children with suspected nodules, the study is inquiring into the incidence of goiter among their families; where they lived during the 1950's; the state of their health, particularly the condition of their endocrine glands; their dietary habits; and their exposure to radiation of any kind, including medical examinations and treatment. To obtain information on which to base comparisons, PHS is also conducting tests on the thyroid glands of children in other communities.

White House Conference on Health

At the request of President Johnson, 750 men and women, most of them from the health professions, attended the White House Conference on Health in Washington, D.C., on November 3–4, 1965. They came to take a hard look at the Nation's health and to consider ways of improving it. In a statement sent to the participants, the President said that the Conference afforded "a great opportunity to advance ideas which will contribute not only to a healthier America, but to a better world." The viewpoints expressed at the Conference have been transmitted to the President. They touch nearly every aspect of the Nation's health.

In addition to several general sessions, participants took part in 18 panel discussions focused on three broad categories—education for the health professions, health care, and health protection. Among the comments and viewpoints expressed in the panel discussions were these:

On education. The present methods of preparing men and women for the health professions are inadequate. Education and training programs must be reexamined and improved. Incentives to attract more people into the health professions, including people from low-income groups, should be developed. The role of the health team must be more clearly defined as to training, purpose, and effect. Universities must become true centers of medical education and research. We must use to a much greater extent than at present the services of other medical workers and look into the potential of electronic aids to relieve physicians of routine activities.

On care. The results of research are not reaching those who should be using them. Continuous, comprehensive health service should be available to all. Hospitals are behind industry in the effective use of manpower, and steps should be taken to see that hospitals make more effective use of manpower. Health insurance should be improved and extended.

On health protection. The Nation needs more education about health. It must act to conserve its natural resources, combat water and air pollution, and free food crops of vectors and disease pests. Information on birth control should be given as part of routine medical practice to those who desire it. Hospitals should offer family planning services, and social workers should be trained to deal with the problem. Americans must develop a lifetime interest in physical fitness. Plans must be made now for the fruitful use of leisure time by all age groups. Services for the handicapped must be extended and improved, and the public must learn to treat kindly the slightly emotionally disturbed and those released from mental hospitals. More vigilance in the prevention of accidents is necessary, particularly automobile accidents, by better driver education, higher standards for drivers, and safer vehicles.

READERS' EXCHANGE

FOSTER CARE: *Group care for infants*

I am writing concerning the question of experimenting with "group care for infants and young children" in New York City as recently reported in CHILDREN and *Child Welfare*. ["Conference on Group Care," by Charles P. Gershenson, CHILDREN, May–June 1965, p. 120; and editorial, *Child Welfare*, May 1965, p. 244.]

Both journals make essentially the same points: that the country, as a whole, and New York City in particular, are faced with a continuing problem of what to do about the increasing number of infants and young children whose "temporary" care ends up being anything but that. Both also seem to attempt to lay to rest the "debate" of group care *versus* "family care" by indicating that both are needed.

My concern in writing relates to (1) the locus of this proposed experiment, New York City; and (2) the question of whether this will be a true experiment

Both the public and voluntary organizations have labored hard for many years to discourage the institutionalization of young children as a "treatment out of desperation" rather than a "treatment of choice," with only minimal success. It is a well-known fact that hundreds of preschool children are in group care in New York today—especially Negro children, the largest underserved group. Thus, assuming that the experiment under discussion is in fact to be an experiment, I wonder how much thought has been given to the implications of locating it in this particular community?

I recall what happened some years ago when a voluntary hospital announced some research findings which pointed to the possibility of arresting one type of cancer. Two days later, potential patients were lined up for four blocks near the clinic entrance, seeking the "wonder drug." I am concerned that there might be a similar reaction to an experiment in giving group foster care to young children in New York. Would not this encourage agencies that have been contemplating giving group care to infants to move ahead? And what about those institutions which have been seriously considering changing their present policies of providing group care to infants and young children to the provision of foster family care? Would they be likely to go ahead with their plans?

Then there is the even more important question of whether or not the proposed project would actually be an experiment. While scientific experimentation is important in social work, too many "experiments" and "pilot projects," after several years of "temporary" operations, find their way into ongoing practice, not unlike those children in "temporary shelter care" who end up in institutional care for most of their formative years. Such transformations have occurred even when the experiments have produced inconclusive findings.

I am, of course, being somewhat unfair in attempting to judge the nature of the proposed project without having access to the research design. The report in CHILDREN makes the point that "insufficient good care of either type (family or group care) exists . . . (and) too often, comparisons are made between poor institutions and good foster homes. . . ." So, let us assume that the research design would, in fact, stipulate an infant-staff ratio of 1 to 1 (ideal), and actually carry this out during the years of experimentation made possible by Federal or other financial support. Is it realistic to anticipate that, should the findings point to positive results, agencies would be able and willing to maintain such an expensive ratio in their ongoing programs?

It should also be recognized that New York City has not really ever gotten a forceful, forward looking foster family care program off the launching pad. However, there are some encouraging signs. For example, one voluntary agency is using case aides to locate potential foster homes, which are then evaluated by trained workers before use. Another has organized its foster parents as a resource for recruiting more foster homes.

If there is a desire to experiment, why not recognize the fact that too many preschoolers are in public shelter care at the present time in New York City, and mount an experiment in which applications for care of infants and young children would be screened, and the children placed either in short-term family care or short-term group care, depending upon both case considerations and research criteria?

Or, why not experiment on a large-scale basis to develop new techniques to locate both short-term and long-term family care in New York City, including the placement of more long-term family care cases outside the city limits?

While I recognize that it may be possible to provide helpful group care to infants and young children, if the physical space, staffing, and other elements are of the best, I seriously question whether the community would be ready, willing, and able to replicate an experiment of this type because of problems of costs and lack of available personnel.

John A. Gabriel
Lecturer in Social Work, City University of New York

Author's response

It is regrettable that Mr. Gabriel was not in a position to know more about this conference and the subsequent conferences held in New York City at

which more than 50 leaders in the child welfare field discussed their concern about the care of homeless infants and young children in the Nation as a whole as well as the New York City.

The conference in Washington, D.C., focused on the need to develop new modes of infant and child care and the question of whether it is not time to re-examine the possibilities of group care for infants. The next step was the development of a feasibility study to see whether such an examination could take place in New York City.

The New York Fund for Children has recently hired a competent person to direct such a feasibility study. The need for knowing more about the kind of care that can appropriately be offered the many infants and young childrens who are today left in hospitals and overcrowded shelters is important enough to deserve careful study.

In regard to Mr. Gabriel's comments about the "proposed experiment," I fail to find a single use of the word "experiment" in my own report of the conference. Moreover, it seems to me there is a contradiction in his warning that "experiments" tend to find their way into ongoing practice, for he questions whether agencies would develop similar models if the findings point to positive results. There also seems to be a contradiction in his own proposal for two experiments in New York City after his questioning of the appropriateness of this city for experimentation because of its existing child welfare structure.

There are important question to be answered and decisions to be made concerning group care of infants and children. We propose only to seek the information that can lead to wise decisions.

Charles P. Gershenson
Associate Director, Division of Research, Children's Bureau

And a rebuttal

I suggest that Dr. Gershenson overlooked my basic point—there is a great deal needed in New York City in the way of child welfare services—but opening the door to institutionalizing infants after years of effort to prevent the reopening of former institutions for these purposes, or building new ones for infants, does not seem to be one of the needs.

I am not unaware that any researcher "proposes only to seek the information that can lead to wise decisions." I would suggest, however, that one thing that makes social research tough, and to some of us, interesting, is that you cannot ever start with a "clean slate." A history, attitudes, and experience always predate the research efforts. I was mainly interested in calling attention to these factors.

John A. Gabriel
Lecturer in Social Work, City University of New York

DYBWAD: *A different view*

I read with interest the article, "A State Plans for Its Mentally Retarded," by Leopold Lippman, and "A Critique of California's Report on Mental Retardation," by Gunnar Dybwad. [CHILDREN, September–October 1965.]

I would like to take issue with Gunnar Dybwad's critique concerning our recommendation that the Mental Retardation Program Board "serve as a contractor in purchasing services for mentally retarded persons," and that the program board "program assignments and reassignments."

Mr. Dybwad states that these powers are the prerogative of the legislature. It seems to me that this is a sterile and unimaginative response to the problem at hand. Anyone even slightly familiar with the legislative process must realize that legislators do not, and cannot, make the kinds of decisions necessary to provide an individual, flexible, and immediate response to the needs of each one of the thousands of the mentally retarded.

The technique of administrative action *followed* by legislative review is a more realistic approach to problem solving. This technique was proposed by the California Study Commission on Mental Retardation.

Contrary to the editor's comment in parentheses indicating that the California Legislature balked at granting any of these broad powers, the legislature did provide that the program board would have the power authorized by the joint power provisions of the California Government Code. These provisions permit the contracting recommended by the study commission and permit assignments and reassignments.

In my view, the 1965 legislature adopted without any substantial change the recommendations of the study commission. I hope that other States faced with this most difficult management problem will not follow Mr. Dybwad's advice in this regard.

Jack Halpin
Chairman, California Study Commission on Mental Retardation, Sacramento

Author's reply

Much as I appreciate the work of Mr. Halpin, whose energetic and imaginative leadership contributed so much to the success of the work of the California Study Commission on Mental Retardation, I must take issue with his assertion that the legislature did not change in essence the commission's recommendation.

According to a legislative progress report from his own office, dated June 22, 1965, the legislature changed the proposed new body into a Mental Retardation Program and Standards *Advisory* Board [italics mine]. That change goes to the essence of the matter, and clearly relates to the point I made.

Gunnar Dybwad
Director, Mental Retardation Project, International Union for Child Welfare, Geneva

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for parents

HELPING YOUR CHILD DEVELOP HIS POTENTIALITIES. Ruth Strang. E. P. Dutton & Co., New York. 1965. 256 pp. $4.50.

BETWEEN PARENT AND CHILD: New solutions to old problems. Haim G. Ginott. The Macmillan Co., New York. 1965. 223 pp. $4.95.

RESPONSIBILITY MEANS SAFETY FOR YOUR CHILD. Committee on Accident Prevention, American Academy of Pediatrics, 1801 Hinman Avenue, Evanston, Ill. 1964. 23 pp. Single copies free from the academy.

GROWING UP: How we become alive, are born, and grow. Karl de Schweinitz. The Macmillan Co., New York, 10011. Revised 1965 (Fourth Edition). 54 pp. $2.95.

An illustrated book for children on the subject of procreation, birth, and early growth of animals and people.

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U.S. Government Publications

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CHOOSING A HEARING AID. Department of Health, Education, and Welfare, Welfare Administration, Children's Bureau; and the Vocational Rehabilitation Administration. CB Folder No. 55. 1965. 12 pp. 15 cents.

Focused on the problem of selecting a comfortable and effective hearing aid for an adult or a child, this illustrated booklet explains how ear specialists and hearing and speech centers can assist by determining the type and severity of the hearing loss and whether the need is for medical or surgical treatment, a specific kind of hearing aid, or a hearing aid plus special training. Basic types of hearing aids are described and illustrated.

FACTS ABOUT CHILDREN'S BUREAU PROGRAMS. Department of Health, Education, and Welfare, Welfare Administration, Children's Bureau. October 1965. 10 pp. Single copies from the Bureau free.

A brief account of the Children's Bureau programs carried out under the 1912 act of Congress charging it to investigate and report upon "all matters pertaining to the welfare of children and child life" and under those sections of title V of the Social Security Act, as amended, which provide for grants for child welfare, maternal and child health, crippled children's services, and for related research, demonstration, and training projects.

SELECTED FILMS ON CHILD LIFE. Inez C. Lohr. Department of Health, Education, and Welfare, Welfare Administration, Children's Bureau. CB Publication No. 376. Revised 1965. 114 pp. 40 cents.

Superseding the 1962 edition, this catalog lists and describes the contents of 480 films; also includes a subject index and directory of film distributors.

RESEARCH PROJECT SUMMARIES OF THE NATIONAL INSTITUTE OF MENTAL HEALTH. Department of Health, Education, and Welfare, Public Health Service, National Institutes of Health, NIMH Research Grants Branch. PHS Publication No. 1208. 1964. 59 pp. 40 cents.

The first issue of a projected series of publications which will describe the major research projects supported through grants from the National Institute of Mental Health. Among other subjects described are inquiries into the relationship of crises to mental health, screening psychiatric drugs for children, how children learn English, and several inquiries into the functioning of the brain.

RESEARCH RELATING TO CHILDREN, Bulletin No. 18 (March–December 1964). Department of Health, Education, and Welfare, Welfare Administration, Children's Bureau. 1965. 230 pp. $1.25.

This bulletin lists research projects in progress or recently completed which were reported to the Clearinghouse for Research in Child Life from March 1 through December 31, 1964. Subject areas are: growth and development; personality and adjustment; educational process; exceptional children; the child in the family; social, economic, and cultural influences; health services and surveys; and social services.

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